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CORPORATION
ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 19 1997 8:00am

Secretary of State

938-1779

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F26579

(5)

FIVE Z'S, INC. Mailing Address Principal Place of Business 10785 ULMERTON RD 10785 ULMERTON RD C/O WILLIAM S. JOANSSEN LARGO FL 33778 C/O WILLIAM S. JOANSSEN LARGO FL 33778-1701 3. Date Incorporated or Qualified 3a. Date of Last Report 03/24/1981 03/04/1996 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 59-2108728 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt #, etc 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 23 Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name JOANSSEN, WILLIAM S. 10785 ULMERTON RD. 82 Street Address (P.O. Box Number is Not Acceptable) LARGO FL 33778 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signarine, typed or pented name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12. OFFICERS AND DIRECTORS 13. Change Addition DELETE 1.1 TITLE TITLE ZUCKER, HOWARD E 1.2 NAME NAME 10785 Ulmerton Road Florida 2000 KINGO POINTE DR. 1.3 STREET ADDRESS STREET ADDRESS LARGO: FLORIDA 00000 33778 1.4 CITY - ST - ZIP CITY-ST-ZIE DELETE Change \_\_\_ Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADORESS 2.4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 3.1 TITLE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34. CITY-ST-ZIP CITY ST-ZIP Change Addition \_\_ DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP Addition DELETE 5.1 TITLE TILLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 6.1 TITLE THILE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - SY-ZIP CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name