SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.
AMOUNT DUE ON OR BEFORE 8/10/94: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

APPROVED AND FILED

94 JUL 21 PM 12: 19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F60482 (9)

1. Corporation Name
ZONA LEE LAW, INC.

Mailing Address	Principal Place of Business
~~106 DREXEL ROAD~~	106 DREXEL ROAD
LAND O'LAKES FL 34639	LAND O'LAKES FL 34639

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. Mailing Address	2a. Principal Place of Business
21 3812 Perdew Dr.	26 3812 Perdew Dr
Suite, Apt. #, etc 22 Land O Lakes, Fl	Suite, Apt. #, etc 27 Land O Lakes, Fl
City & State 23 34639 ~~Pasco~~ USA	City & State 28 34639 USA
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 01/01/1982
3a. Date of Last Report: 04/16/1993
4. FEI Number: 59-0636013 — Applied For / Not Applicable
5. Certificate of Status Desired: $8.75 Additional Fee Required
6.
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status
$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes: Yes / No

9. Name and Address of Current Registered Agent

DOLCIMASCOLO, SAMUEL B
501 EAST KENNEDY BLVD.
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0505, Florida Statutes.

SIGNATURE H. Pauline Ferrell 7-18-94

12. OFFICERS AND DIRECTORS	
1.1 TITLE	D/S
1.2 NAME	FERRELL, H PAULINE
1.3 STREET ADDRESS	4516 SAN RAFAEL
1.4 CITY, ST, ZIP	TAMPA FL
2.1 TITLE	D/V/T
2.2 NAME	LAW, CURTIS L
2.3 STREET ADDRESS	RT 1 BOX 106
2.4 CITY, ST, ZIP	LAD O'LAKES FL
3.1 TITLE	D/P
3.2 NAME	LAW, ZONA LEE
3.3 STREET ADDRESS	RT 1 BOX 101
3.4 CITY, ST, ZIP	LAD O'LAKES FL
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

13. CHANGES TO OFFICERS AND DIRECTORS

SM

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption ... 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Curtis L. Law Curtis L. Law 7-15-94
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0102694