FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #1. Corporation Name F60482

(9)

FILED Apr 09 1998 8:00am Secretary of State

ZONA LEE LAW, INC.					
				A MARIA DINA BAHA ARAW ARAW AND MARIA	!### #!### ###########################
Principal Plac	e of Business	Mailing Address		r ibtribé riid diist 20(st 0186) talla tibis	(B)
3812 PERDEW DRIVE 3812 PERDEW DRIVE					
LAND O'LAKES FL 34639 LAND O'LAKES FL 34639 US US				DO NOT WRITE IN THIS SPACE	
US		us		3. Date Incorporated or Qualified	THIS OF ACE
				01/01/1982	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 26		26		59-0636013	Not Applicable
Suite, Apt. #, etc Suite, Apt. #, etc.		Suite, Apt #, etc.			\$8.75 Additional
22 27				e. Certificate of Status Desileo	Fee Required
City & State			6. Election Campaign Financing	\$5.00 May Be	
23				Trust Fund Contribution	Added to Fees
Zip	Country	Zφ	Country	8. This corporation owes or has paid	
24	9, Name and Address of Curre		30	Personal Property Tax due June 30 10. Name and Address of New Regis	
		ni negistereu Agent	81 Name	10. Hame shu Address of New Regis	stered Agent
DOLOMASCOLO, SAMUEL B					
501 EAST KENNEDY BLVD.			82 Street Addi	ress (P.O. Box Number is Not Acceptable)	
IAI	MPA FL 33602		83		
			84 City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes			s the above-named corr	oration submits this statement for the pur	
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.					
_	m familiar with, and accept the obli	gations of, Section 607,0505, Flor	ioa Statutes.		
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable (NOTE:	Registered Agent signature requir	red when reinstating)	DATE
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	
TITLE	DS	☐ DELETE	1.1 TITLE		Change Addition
NAME	FERRELL, H PAULINE		1.2 NAME		
STREET ADDRESS	4518 SAN RAFAEL		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP		
TITLE	DVT	☐ DELETE	2.1 TITLE	•	Change Addition
NAME	LAW, CURTIS L		2.2 NAME		
STREET ADDRESS	ROUTE 1 BOX 106 N/A		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAD O'LAKES FL		2.4 CITY-ST-ZIP		
TITLE	DP	☐ D ELETE	31 TITLE		☐ Change ☐ Addition
NAME	LAW, ZONA LEE		3.2 NAME		
STREET ADDRESS	ROUTE 1 BOX 101 N/A		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAD O'LAKES FL		3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		CI osuste	4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY - ST - ZIP		Observation of Assertation
TITLE		☐ pereie	6.1 TITLE		Change Addition
NAME STREET ADDRESS			6.2 NAME	÷	
			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

4-3-98