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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F84825 (1)

ZON SOLAR AND SPAS, INC.

FILED Apr 08 1998 8:00am Secretary of State

			Į

Principal Place	e of Business	Mailing Address			1 7001102 1101 10111 01110 110110 11011		
696 S. YONG ORMOND BEA	E ST. ACH FL 32174	696 S. YONGE ST. ORMOND BEACH FL 32174					
					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified 06/10/1982		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26			59-2194678	Not Applicable	
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional	
22		27		a. Constitute of States Position	Fee Required		
City & State	0	City & State		6. Election Campaign Financing	\$5.00 May Be		
23		28	T		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Count	ry	a. This corporation owes or has paid the		
24	25 9. Name and Address of Current	29	30		Personal Property Tax due June 30. 10 Name and Address of New Register	Yes No	
		i negistered Agent		1 Name	10. Name and Address of New Register	ou Agent	
	VANOFSKI, TRAYAN 7 JOHNSON DRIVE		Ľ	T T T T T T T T T T T T T T T T T T T			
			8	2 Street Add	dress (P.O. Box Number is Not Acceptable)		
UK	MOND BEACH FL 32074		8	<u> </u>			
				~			
			8	4 City	F	85 Zip Code	
44 Purcuant	to the provisions of Sections 607.0601	2 and 607 1608 Florida Status	lee the abo	we named cor	poration submits this statement for the purpos		
office or r agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida Such change was itions of, Section 607,0505, Fl	authorized orida Statut	by the corpora es.	ation's board of directors. I hereby accept the	appointment as registered	
SIGNATURE							
	Signature, typod or printed name of registered ages			gent signature requ	ired when reinstaling) DAT		
12.	OFFICERS AND	DELETE	13. 1.1 TUU		ADDITIONS/CHANGES TO OFFICERS A	Change Addition	
	YOVANOFSKI, TRAYAN	C) DETER	1.2 NAM			CT change CT Accident	
NAME	607 JOHNSON DR						
STREET ADDRESS	ORMOND BCH, FL 00000			ET ADDRESS			
CITY-ST-ZIP TITLE	ST ST	DELETE	2.1 TITU	-ST-ZIP		Change Addition	
NAME	YOVANOFSKI, THERESA	C. Vetere	2.2 NAM				
- 1	607 JOHNSON DR			ı			
STREET ADORESS	ORMOND BCH, FL 00000			ET ADDRESS			
CITY-ST-ZIP TITLE	Orimono Borr, TE 00000	DELETE	3.1 TITU	r-ST-ZIP		Change Addition	
NAME			3.7 MAM			C Summer C Location	
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITU	'-ST-ZIP		Change Addition	
NAME			4.2 NAN			vinday various	
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	4.4 GHY 5.1 TITLE	-ST-ZIP		Change Addition	
			5.7 MILE 5.2 NAM			C outside C ventual	
NAME							
STREET ADDRESS				ET ADDRESS			
CITY-S1-ZIP		DELETE	5.4 CITY			Change Addition	
TITLE		i precir	6.1 TITU	I .		C Sugnito C Mattern	
NAME			6.2 NAM			j	
STREET ADDRESS				ET ADDRESS	•		
CITY CT. 710			E CARITY	PT ND			

14. Thereby 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 trusted 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: Order 1978 Therese Yovanofski 3/31/98 904/673-4343