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 # F9400001255 (8)

FILED Feb 20 1998 8:00am Secretary of State

ZEEPR	O, INC.					
Principal Place of Business Mailing Address					- I CODIADO IAIN DAGA DAGAL ORALI ORALI ORALI SULLI	<u>dålåt kinna tiådt äståt ä</u> iks läds
1226 ZONOLITE RD. 1226 ZONOLITE RD. ATLANTA GA 30306-2006 ATLANTA GA 30306-2006						
					DO NOT WRITE IN TH	IIS SPACE
					3. Date Incorporated or Qualified	
					03/14/1994	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21 26					61-0851119	Not Applicable
Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional
22 27 27 27 27 27 27 27 27 27 27 27 27 2						Fee Required
City & Stat	e	City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	0		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	y	8. This corporation owes or has paid the	_ ' _ '
24	25		30		Personal Property Tax due June 30.	∐ Yes ∐ No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent						
		chanani		Name E	mmett Buchan	2 12
6900 PHILLIPS HWY. Emmett				Street Add	dress (P.O. Box Number is Not Acceptable)	1
	ITE 38	μ. / · · · / · · · ·		ļ	(Same d S 4	_)
JAC	CKSONVILLE FL 32216		83			′
			84	City		. 85 Zip Code
						' L
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 hoard of directors. I hereby accept the appointment as 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 amiliar with, and accept the optigations of spection 607.0505, Florida Statutes.						
SIGNATURE	· '/	uchonon			2-16-	- 48
	Signature, typed or printed name of registered agen			ent signature requ	ured when reinstating) DAT	-
12.	OFFICERS AND		13. 1.1 TITLE	-	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PTD	DELETE				☐ Change ☐ Addition
NAME	EMDE, ROMAN S		1.2 NAME			
STREET ADDRESS	1226 ZONOLITE RD.		1.3 STREET	ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30308-2006		1.4 CITY- 8	ST-ZIP		
TITLE	S □ DELETE		2.1 TITLE			Change Addition
NAME	ROBERTS, JAMES K		2.2 NAME			•
STREET ADDRESS	1226 ZONOLITE RD.		2.3 STREET	ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30306-2006		2. 4 CITY-	ST-ZIP		
TITLE	DELE te		3.1 TITLE			☐ Change ☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-ST-ZIP			3.4. CITY-		•	
TITLE		DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY-S			
TITLE		☐ DELETE	5.1 TITLE			Change Addition
NAME		-	52 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY - S			
TITLE		DELETE	6.1 TITLE	A AH		Change Addition
NAME		—	6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		[
CITY-ST-ZIP			6.4 CITY - S	I - EIF		

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 amaddress.

IONATURE TO THE STATE OF THE ST