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

F95000002375 (2) DOCUMENT #

G. C. ZARNAS & CO., INC. (MD.)

FILED Apr 16 1998 8:00am Secretary of State



Principal Plac	ce of Business	Mailing Address		I FOOLING LIFE FOID! OFFIL BORK BEFOR BOLK O	1761 ODIIO 18800 IIIII 18801 ORK 1881
850 JENNINGS ST. 850 JENNINGS ST.					
BETHLEHEM	PA 18017	BETHLEHEM PA 18017		DO NOT INDITE IN	TUIN ODA OF
				DO NOT WRITE IN 3. Date Incorporated or Qualified	THIS SPACE
				05/15/1995	
	Place of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·	4. FEI Number	Applied For
21		26		52-0889432	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State			Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	Zip	Country		7.0000 10 7 000
24	25		30	8. This corporation owes or has paid the Personal Property Tax due June 30.	
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Regist	
	ANTON, EDWIN F ESQ.		81 Name		
825 THOMASVILLE ROAD			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
TAI	LLAHASSEE FL 32303				
			83		
			84 City		85 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 Lorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
l	im lamiliar with, and accept the oblig-	ations of, Section 607,0505, Flor	ida Statutes.		
SIGNATURE	Signature typed or printed name of registered age	ent and title if applicable (NO1E)	Registered Agent signature requi	ired whou reinstation)	DATE
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	CPT	☐ DELETE	1.1 TITLE		Change Addition
NAME	ZARNAS, GUST C		1.2 NAME		
STREET ADORESS	850 JENNINGS ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	BETHLEHEM PA 18017 CVAS		1.4 CITY-ST-ZIP		
TITLE NAME	ZARNAS, STEPHEN C	☐ DELETE	2.1 TITLE		Change Addition
STREET ADDRESS	850 JENNINGS ST.		2.2 NAME		
CITY-ST-ZIP	BETHLEHEM PA 18017		2.3 STREET ADDRESS		
TITLE	OS	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME	ZARNAS, GRACE	<u> </u>	3.2 NAME		CT SHANGO CT MODULOU
STREET ADDRESS	850 JENNINGS ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	BETHLEHEM PA 18017		3 4. CITY-ST-ZIP		
TITLE	AV	DELETE	4.1 THLE		☐ Change ☐ Addition
NAME	GLAROS, GEORGE Z		4. 2 NAME		
STREET ADDRESS	850 JENNINGS ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	BETHLEHEM PA 18017	[] below	4.4 City - St - ZiP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME OTDEET ADDRESS			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST - 7iP 6.1 TITLE		Change Addition
NAME		C) WITH	6.2 NAME		Unange Addition
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
44 16			9.4 OH 1-31-ZIF		

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 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.