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Apr 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000002105 (1)

1. Corporation Name

ZENTOX CORPORATION

Principal Place of Business

2140 N.E. 36TH AVENUE
OCALA FL 32670

Mailing Address

2140 N.E. 36TH AVENUE
OCALA FL 32670



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/22/1997	
21		26		4. FEI Number 59-3401503	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

REESE, JOHN S
2140 N.E. 36TH AVENUE
OCALA FL 32670

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, 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CT	1.1 TITLE	PRESIDENT
NAME	SVRLUGA, RICHARD	1.2 NAME	JOHN S. REESE
STREET ADDRESS	31 MILK STREET	1.3 STREET ADDRESS	2140 NE 36TH AVE
CITY-ST-ZIP	BOSTON MA 02109	1.4 CITY-ST-ZIP	OCALA FL 32670
TITLE	VC	2.1 TITLE	
NAME	PARK, DREW E JR	2.2 NAME	
STREET ADDRESS	2355 MAIN STREET, SUITE 100	2.3 STREET ADDRESS	
CITY-ST-ZIP	IRVINE CA 92714	2.4 CITY-ST-ZIP	
TITLE	DV	3.1 TITLE	
NAME	BERMAN, ELLIOT	3.2 NAME	
STREET ADDRESS	ONE ADAMS STREET, P-5	3.3 STREET ADDRESS	
CITY-ST-ZIP	QUINCY MA 02189	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	CARUSO, JOSEPH	4.2 NAME	
STREET ADDRESS	60 BAY COLONY DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	WESTWOOD MA 02090	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	
NAME	LEMELMAN, HERBERT	5.2 NAME	
STREET ADDRESS	ONE BOSTON PLACE, SUITE 3225	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA 02108	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	ALPERIN, EDWARD	6.2 NAME	
STREET ADDRESS	312 DIRECTORS DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	KNOXVILLE TN 37923	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: X John S. Reese JOHN S. REESE 1/6/98 352-867-7482

CP2E034 (10/97)