1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

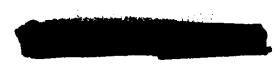
DOCUMENT # F97000002105 1. Corporation Name

ZENTOX CORPORATION

Principal Place of Business Mailing Address



99 JULI 16 PILLERO



2140 NE. 36TH AVENUE 2140 NE. 36TH AVENUE OCALA FL 32670		DO NOT WRITE IN THIS SPACE			
		 Date Incorporated or Qualifed 04/22/1997 			
Principal Place of Business	2a. Mailing Address	4. FEI Number Applied For			
21	26	59-3401503 Not Applicable			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired See Required			
City & State	City & State	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip Country 24 25	Zip Cc 29 30	untry 8. This corporation owes the current year Intangible Personal Property Tax. Yes No			
9. Name and Address of C	urrent Registered Agent	10. Name and Address of New Registered Agent			
REESE, JOHN S		BI Name SURLUGA, RICHARO C.			
2140 N.E. 36TH AVENUE		82 Street Address (P.O. Box Number is Not Acceptable) 2140 WE 3674 AVENUE			
OCALA FL 32670		63			
		84 City			

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.

		4			_	i
SIGNATURE	Signature typed or printed name of registered agent and title i	chand syn	LUGA Registered Agent signature in	4/3/9	9	
45						
12.	OFFICERS AND DIRE		13.	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	CT	☐ DELETE	1.1 TITLE	D	☐ Change	Addition
NAME	SVRLUGA, RICHARD		1.2 NAME	STEWART, EDWARD J.		
STREET ADDRESS	31 MILK STREET		1.3 STREET ADDRESS	STEWART, EDWARD J. 31 MILK STREET		ł
CITY-ST-ZIP	BOSTON MA 02109		1.4 CITY-ST-ZIP	BOSTON, MA 02/09		
TITLE	VC /	DELETE	2.1 TITLE		Change	Addition
NAME	PARK, DREWE JR	•	2.2 NAME			
STREET ADDRESS	2355 MAIN STREET, SUITE 100		2.3 STREET ADDRESS			}
CITY-ST-ZIP	LAVINE CA 32714	<u></u>	2.4 CITY-ST-ZIP			
TITLE	DV	☐ DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME	Berman, Elliot		3.2 NAME			
STREET ADDRESS	ONE ADAMS STREET, P-5		3.3 STREET ADDRESS			
CITY-ST-ZIP	QUINCY MA 02169		3.4. CITY-ST-ZIP			
TITLE	D	DELETE	4.1 TITLE		Change	☐ Addition
NAME	CARUSO, JOSEPH	_	4. 2 NAME			ĺ
STREET ADDRESS	50 BAY COLONY DRIVE		4.3 STREET ADDRESS			
CITY-ST-ZIP	WESTWOOD MA 02090		4.4 CITY-ST-ZIP			}
TITLE	S	DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME	Lemelman, Herbert		5.2 NAME			
STREET ADDRESS	ONE BOSTON PLACE, SUITE 3225		5.3 STREET ADDRESS			
CITY-ST-ZIP	BOSTON MA 02108		54 CITY-ST-ZIP	i		
TITLE	0	DELETE	6.1 TITLE	1 70	☐ Change	Addition
NAME	ALPERIN, EDWARD		6.2 NAME	£ 1 10		
STREET ADDRESS	312 DIRECTORS DRIVE		63 STREET ADORESS			
	VINTYINI E TNI 27022		4.4 C/EV CT 7/D	•	(1-4)	

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, with all other like empowered.

SKINATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/99 (617) 542-0531