

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

04/21/99 90222 022

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000002105

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

3. Date Incorporated or Qualified

04/22/1997

4. FEI Number

59-3401503

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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 SVRLUGA, RICHARD C.

82 Street Address (P.O. Box Number is Not Acceptable)
2140 NE 36TH AVENUE

83

84 City Ocala FL 85 Zip Code 32670

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

Richard SVRLUGA

4/3/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CT ☐ DELETE

NAME SVRLUGA, RICHARD
STREET ADDRESS 31 MILK STREET
CITY-ST-ZIP BOSTON MA 02109

TITLE VC ☒ DELETE

NAME PARK, DREW E JR
STREET ADDRESS 2355 MAIN STREET, SUITE 100
CITY-ST-ZIP IRVINE CA 92714

TITLE DV ☐ DELETE

NAME BERMAN, ELLIOT
STREET ADDRESS ONE ADAMS STREET, P-5
CITY-ST-ZIP QUINCY MA 02169

TITLE D ☐ DELETE

NAME CARUSO, JOSEPH
STREET ADDRESS 50 BAY COLONY DRIVE
CITY-ST-ZIP WESTWOOD MA 02090

TITLE S ☐ DELETE

NAME LEMELMAN, HERBERT
STREET ADDRESS ONE BOSTON PLACE, SUITE 3225
CITY-ST-ZIP BOSTON MA 02108

TITLE D ☒ DELETE

NAME ALPERIN, EDWARD
STREET ADDRESS 312 DIRECTORS DRIVE
CITY-ST-ZIP KNOXVILLE TN 37923

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition

1.2 NAME STEWART, EDWARD J.
1.3 STREET ADDRESS 31 MILK STREET
1.4 CITY-ST-ZIP BOSTON, MA 02109

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

Richard SVRLUGA

4/3/99 (617) 542-0531

CR20034 11/03/91