SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97

F9700003858 (4)

ZF ENTERPRISES, INC.

FILED Oct 15 1998 8:00am Secretary of State

Mailing Address Principal Place of Business 2400 FEATHER SOUND DR. #125 2400 FEATHER SOUND DR., #125 CLEARWATER FL 34822 **CLEARWATER FL 34622** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/07/1997 2. Principal Place of Business 2a. Mailing Address Applied For 1350 Spell Isk Blud NE Sute 4 1350 Snell Isle Blud NESTI4 26 59-3446007 Not Applicable \$8.75 Additional 5. Certificate of Status Desired St Petersburg Florida St Petersburg Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 337*04* 33704 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 24 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WHITBEOK, NORMAN 2400 FEATHERSOUND DR., APT 125 Street Address (P.O. Box Number is Not Acceptable) 82 **CLEARWATER FL 34622** 83 84 City Zip Code 85 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. TITLE PSTD 1.1 TITLE Change Addition DELETE NAME WHITBECK, NORMAN 12 NAME 1350 Snell Isle Blod. N.E. Suite 4 2400 FEATHERWOUND DR., APT 125 STREET ADDRESS 13 STREET ADDRESS CLEARWATER FL 51 Petruburg Florida 33704 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE 2.1 TITLE DELETE Change ___ Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CiTY-ST-ZiP TITLE DELETE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 41TITLE Change Addition 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-S1-Z(P 5.1 TITLE TITLE DELETE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZiP 5.4 CITY-ST-ZIP 6 1 TITLE TITLE DELETE Change

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 attention with an address.

6.2 NAME

6.3 STREET ADDRESS

6.4 CiTY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-Z(P

HONVANDA LINCOLLISA M

9/25/98 (727)820-0303

CR2E034 (5/98)