

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

FILED

Apr 07 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 # H27705

(3)

1. Corporation Name
ZOE MAZZOLA'S, INC.



Principal Place of Business
13499 U.S. 41 S.E.
TOWER SHOPPING CENTER #247
FORT MYERS FL 33907

Mailing Address
13499 U.S. 41 S.E.
TOWER SHOPPING CENTER #247
FORT MYERS FL 33907

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 13251 Mc GREGOR BLVD Suite, Apt. #, etc. 22 City & State 23 FORT MYERS, FL Zip Country 24 33919-5925 25		2a. Mailing Address 26 13251 Mc GREGOR BLVD Suite, Apt. #, etc. 27 City & State 28 FORT MYERS, FL Zip Country 29 33919-5925 30		3. Date Incorporated or Qualified 11/01/1984	
		4. FEI Number 59-2460381		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

MAZZOLA, ZOE
4705 S. LANDINGS DR.
FORT MYERS FL 33907

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 filed if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRACE, A. DOUGLAS, JR.	1.2 NAME	
STREET ADDRESS	2135 COTTAGE STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL	1.4 CITY-ST-ZIP	
TITLE	POS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAZZOLA, ZOE	2.2 NAME	
STREET ADDRESS	4705 S. LANDINGS DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

[Signature]

4-2-98

911-582-4777

CR2E034 (10/97)