


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

FILED

Apr 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # J97622 (1)					
1. Corporation Name RAY ZAGER & COMPANY					
Principal Place of Business 37 VILLAGE WALK DR. P O BOX 929 PONTE VEDRA BEACH FL 32082			Mailing Address 37 VILLAGE WALK DR. P O BOX 929 PONTE VEDRA BEACH FL 32082-3544		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/16/1987	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		3a. Date of Last Report 03/18/1996	
22 City & State		27 City & State		4. FET Number 59-2852012	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent					
ZAGER, MADALYN 37 VILLAGE WALK DR PONTE VEDRA BCH FL 32082					
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 re-instating) (DATE)					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
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4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
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4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					

14. I do 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

RAYMOND ZAGER 4/14/97 **RAYMOND ZAGER**

CR2E034 (9/96)