

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

FILED

Apr 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 P.O. Box 2657 Suite, Apt. #, etc. 22		2a. Mailing Address 26 P.O. Box 2657 Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 10/16/1987	
23 City & State PONTE VEDRA BEACH, FL Zip 32004-2657 Country		28 City & State PONTE VEDRA BEACH, FL Zip 32004-2657 Country		4. FEI Number 59-2852012 Applied For Not Applicable	
24 32004-2657 25		29 32004-2657 30		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
		81 Name		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
		82 Street Address (P.O. Box Number is Not Acceptable) 3010 OLD BARN ROAD			
		83			
		84 City PONTE VEDRA BEACH FL		85 Zip Code 32082	

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 reinstating)		DATE	
12. OFFICERS AND DIRECTORS			
TITLE	PD	<input type="checkbox"/> DELETE	
NAME	ZAGER, RAYMOND		
STREET ADDRESS	37 VILLAGE WALK DR.		
CITY-ST-ZIP	PONTE VEDRA BEACH FL		
TITLE	SD	<input type="checkbox"/> DELETE	
NAME	ZAGER, MADALYN		
STREET ADDRESS	37 VILLAGE WALK DR		
CITY-ST-ZIP	PONTE VEDRA BEACH FL		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME			
1.3 STREET ADDRESS	3010 OLD BARN ROAD		
1.4 CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME			
2.3 STREET ADDRESS	3010 OLD BARN ROAD		
2.4 CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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; that 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
RAY ZAGER 4/15/98 (904) 285-7030

CR2E034 (10/97)