FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K60076** **(2)**

1. Corporation Name

Z & A ACQUISITION COMPANY

Principal Place of Business	Mailing Address
200 EAST ROBINSON ST. SUITE 865 ORLANDO FL 32801	200 EAST ROBINSON ST. SUITE 865 ORLANDO FL 32801

3. Date Incorporated or Qualified: **01/23/1989**

3a. Date of Last Report: **04/10/1995**

2. Principal Place of Business
21: 635 N. Hyer Avenue
Suite, Apt. #, etc.
22:
City & State
23: Orlando, Fl
Zip
24: 32803
Country
25: USA

2a. Mailing Address
26: P. O. Box 533008
Suite, Apt. #, etc.
27:
City & State
28: Orlando, Fl.
Zip
29: 32853-3008
Country
30: USA

4. FEI Number: **59-2938678** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LIEBMAN, JOHN B.
200 E. ROBINSON STREET
SUITE 865
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name: Zoila Rodriguez
82 Street Address (P.O. Box Number is Not Acceptable): 635 N. Hyer Avenue
83:
84 City: Orlando
FL
85 Zip Code: 32803

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] DATE: 4/18/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	RODRIGUEZ, ZOILA		1.2 NAME	
STREET ADDRESS	635 N. HYER AVE.		1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	
TITLE	VP	☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BROOKS, JAMES S.		2.2 NAME	
STREET ADDRESS	635 N. HYER AVE.		2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	
TITLE	ST	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ZACCO, ROBERTA G.		3.2 NAME	
STREET ADDRESS	635 N. HYER AVE.		3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 business 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: Zoila Rodriguez [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/96
Date

407/425-6759
Daytime Phone #