

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Jan 23 1997 8:00am
Secretary of State

DOCUMENT # L32080 (8)

1. Corporation Name
N & Z CORPORATION

Principal Place of Business
P.O. BOX 1438
LAND O'LAKES FL 34639

Mailing Address
PO BOX 1438
LAND O'LAKES FL 34639-1438
US



3. Date Incorporated or Qualified 12/01/1989
3a. Date of Last Report 06/25/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		59-2985681		Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		30		6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

GAMBRELL, TOM P
904 W WATERS AVE.
STE D
TAMPA FL 33604

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NETTERFIELD, ANNE M.	12 NAME	
STREET ADDRESS	6119 LITTLE LAKE THOMAS	13 STREET ADDRESS	
CITY - ST - ZIP	LAND-O-LAKES FL	14 CITY - ST - ZIP	
TITLE	DVP	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAITSNIK, MELISSA K.	22 NAME	
STREET ADDRESS	6119 LITTLE LAKE THOMAS	23 STREET ADDRESS	
CITY - ST - ZIP	LAND-O-LAKES FL	24 CITY - ST - ZIP	
TITLE	D	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NETTERFIELD, ALBERT M.	32 NAME	
STREET ADDRESS	6119 LITTLE LAKE THOMAS	33 STREET ADDRESS	
CITY - ST - ZIP	LAND-O-LAKES FL	34 CITY - ST - ZIP	
TITLE	D	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAITSNIK, FRANK	42 NAME	
STREET ADDRESS	6119 LITTLE LAKE THOMAS	43 STREET ADDRESS	
CITY - ST - ZIP	LAND-O-LAKES FL	44 CITY - ST - ZIP	
TITLE	ST	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, PEGGY	52 NAME	
STREET ADDRESS	6119 LITTLE LAKE THOMAS	53 STREET ADDRESS	
CITY - ST - ZIP	LAND-O-LAKES FL	54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

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.

SIGNATURE: Anne M. Netterfield 1/15/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)