


FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90038 012 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L58805 1. Corporation Name SCHOOL ZONE, INC.					
Principal Place of Business 23 SOUTH ATLANTIC AVENUE DAYTONA BEACH FL 32118			Mailing Address 23 SOUTH ATLANTIC AVENUE DAYTONA BEACH FL 32118		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country			2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		
3. Date Incorporated or Qualified 03/21/1990			4. FEI Number 59-2998561		
5. Certificate of Status Desired <input type="checkbox"/>			Applied For Not Applicable		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>			\$8.75 Additional Fee Required \$5.00 May Be Added to Fees		
7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No					
9. Name and Address of Current Registered Agent MORALI, YEHUDA 99 OXBOW TRL ORMOND BEACH FL 32174			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					
TITLE	D	<input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	MORALI, YEHUDA		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	3 SWEET MEADOW COURT		1.2 NAME		
CITY-ST-ZIP	ORMOND BEACH FL		1.3 STREET ADDRESS		
			1.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BEN SOHAFF, NISSIM		2.2 NAME		
STREET ADDRESS	23 SO ATLANTIC AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL		2.4 CITY-ST-ZIP		
			3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	3.2 NAME		
NAME			3.3 STREET ADDRESS		
STREET ADDRESS			3.4 CITY-ST-ZIP		
CITY-ST-ZIP			4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
			4.2 NAME		
TITLE		<input type="checkbox"/> DELETE	4.3 STREET ADDRESS		
NAME			4.4 CITY-ST-ZIP		
STREET ADDRESS			5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
CITY-ST-ZIP			5.2 NAME		
			5.3 STREET ADDRESS		
TITLE		<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP		
NAME			6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			6.2 NAME		
CITY-ST-ZIP			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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

MORALI YEHUDA

Date

Deputy Phone #

5-1199
 904-255-5980

CR2E034 (11/98)