

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L76981

(4)

1. Corporation Name

ZEREGA CORP.



Principal Place of Business

Mailing Address

% JAMES MCWILLIAMS
7900 SE LITTLE HARBOR
HOBE SOUND FL 33455

% JAMES MCWILLIAMS
7900 SE LITTLE HARBOR
HOBE SOUND FL 33455

3. Date Incorporated or Qualified
05/31/1990

3a. Date of Last Report
06/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc

Suite, Apt. #, etc

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

MCWILLIAMS, JAMES
7900 SE LITTLE HARBOR
HOBE SOUND FL 33455

4. FEI Number
65-0198043

Applied For
Not Applicable

5. Certificate of Status Desired ☐
6. Election Campaign Financing
Trust Fund Contribution ☒

\$8.75 Additional
Fee Required
\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

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-registering)

Date

12. OFFICERS AND DIRECTORS

TITLE DP
NAME MCWILLIAMS, JAMES
STREET ADDRESS 7900 SE LITTLE HARBOR
CITY-ST-ZIP HOBE SOUND FL ☐ DELETE

TITLE DV
NAME O'NEAL, MARGARET A.
STREET ADDRESS 10 PHILLIPS LANE
CITY-ST-ZIP DARIEN CT ☐ DELETE

TITLE DS
NAME MCWILLIAMS, JACQUELINE
STREET ADDRESS 7900 SE LITTLE HARBOR
CITY-ST-ZIP HOBE SOUND, FL 33455 ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE DV ☒ Change ☐ Addition
22 NAME O'NEAL, MARGARET A.
23 STREET ADDRESS 241 HOLLOW TREE RIDGE RD
24 CITY-ST-ZIP DARIEN, CT

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES MCWILLIAMS

Date

Signature Printed

CR2E034 (3/96)