FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 18 AM 8:32

DOCUMENT # **L87578** **(5)**

1. Corporation Name
ZEN COMICS, INC.

Principal Place of Business	Mailing Address
2023 AINSLIE B BOCA RATON FL 33434	2023 AINSLIE B BOCA RATON FL 33434

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/16/1990**
3a. Date of Last Report: **02/01/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: **65-0204549** — Applied For / Not Applicable

Suite, Apt. #, etc. — 22 / 27
5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

City & State — 23 / 28
6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

Zip — 24 / Country — 25 / Zip — 29 / Country — 30
8. This corporation has liability for intangible tax under § 199.052, Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

BLOOM, BETTINA
2023 AINSLIE B
BOCA RATON FL 33434

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 _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95		
TITLE	D	11 TITLE		[ ] Change [ ] Addition
NAME	STERN, STEVEN	12 NAME		
STREET ADDRESS	323 LIVINGSTON PL	13 STREET ADDRESS		
CITY-ST-ZIP	CEDAR HURST NY	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		[ ] Change [ ] Addition
NAME	COTE, DANIEL	22 NAME		
STREET ADDRESS	31 GOGGIN ST	23 STREET ADDRESS		
CITY-ST-ZIP	LEWISTON ME	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		[ ] Change [ ] Addition
NAME	BLOOM, BETTINA	32 NAME		
STREET ADDRESS	2023 AINSLIE B	33 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	34 CITY-ST-ZIP		
TITLE		41 TITLE		[ ] Change [ ] Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		[ ] Change [ ] Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		[ ] Change [ ] 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 is, to the best of my knowledge, true and accurate. I further certify that the information indicated on this report or supplemental 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: Bettina Bloom — 1/17/95 — (407) 483-0650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0437650 FP