## FILE NOW: Fee after May 1, will be \$588.75

FILED FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham 97 MAY -2 AM 11: 05 ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee **FILING FEE** Make Check Payable To: FLORIDA DEPARTMENT OF STATE \$ 203.75 Name and Mailing Address of Limited Liability Company **DOCUMENT** #L9600000441 1a. Principal Place of Business Address INDUSTROZONE TECHNOLOGIES, L.C. 1601 W MARION AVE #103 601 W MARION AVE #103 PUNTA GORDA FL 33950 UNTA GORDA FL 33950 If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a 2 Principal Place of Business 3. Date Organized or Qualified 3a. State of Formation 2a. Mailing Address 4/18/1996 Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Zip Country st 75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent KONIDES, JIM 1601 w marion ave #103 Street Address (P.O. Box Number is Not Acceptable) PUNTA GORDA FL 33950 Suite, Apt. #, etc. City Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Managing Members/Managers **Business Street Address** City, State and Zip Code EBNER, WERNER MGRM \$1601 W MARION AVE, 103 BUNTA GORDA FL INDUSTROZONE TECHNOLOG \$1601 W MARION AVE, 103 MGRM **PUNTA GORDA FL** MGRM DZOTECH, INC. 11601 W MARION AVE, 103 **PUNTA GORDA FL** MGRM KONIDES, JIM \$1601 W MARION AVE, 103 **PUNTA GORDA FL** MGRM LEBARON FAMILY LIMIT, \$1601 W MARION AVE, 103 PUNTA GORDA FL 11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Fiorids Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

JIM KONINES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

SIGNATURE: