

**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 # **M15947 (8)**

1. Corporation Name  
**ZBENG CORPORATION**



Principal Place of Business: **1607 AVERY RD. N.E. PALM BAY FL 32905 US**  
 Mailing Address: **P O BOX 1812 MELBOURNE FL 32902 US**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	<b>2210 FRONT ST</b>	26		<b>05/24/1985</b>	<b>07/03/1995</b>
Suite, Apt. #, etc		Suite, Apt. #, etc		4. FEI Number	Applied For
22	<b>308</b>	27		<b>59-2554740</b>	Not Applicable
City & State		City & State		5. Certificate of Status Desired	<b>\$8.75 Additional Fee Required</b>
23	<b>Melbourne, FL</b>	28		<input checked="" type="checkbox"/> <b>Yes</b>	
24	Zip <b>32901</b>	29	Country <b>USA</b>	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
25	Country	30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**CRIGLER, ROBERT**  
**1607 AVERY RD. N.E.**  
**PALM BAY FL 32905**

10. Name and Address of New Registered Agent  
 81 Name **Robert Crigler**  
 82 Street Address (P.O. Box Number is not Acceptable) **71 HAVEN DR.**  
 83  
 84 City **West Melbourne** FL 85 Zip Code **32904**

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]* **Robert Crigler President** DATE: **7-31-96**

12. OFFICERS AND DIRECTORS

TITLE	PS	<input type="checkbox"/> DELETE
NAME	<b>CRIGLER, ROBERT</b>	
STREET ADDRESS	<b>1607 AVERY RD. N.E.</b>	
CITY - ST - ZIP	<b>PALM BAY FL</b>	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	<b>LEEDKE, DAVID</b>	
STREET ADDRESS	<b>2835 CORBUSIER DR.</b>	
CITY - ST - ZIP	<b>MELBOURNE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>PS Crigler, Robert</b>	
1.3 STREET ADDRESS	<b>71 HAVEN DR.</b>	
1.4 CITY - ST - ZIP	<b>West Melbourne, FL 32904</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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]* DATE: **7-31-96** TIME: **407.728.0349**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)