

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M98337**

(2)

1. Corporation Name
ZIONA ROYALTY NAILS, INC.



Principal Place of Business
**8059 WEST OAKLAND
SUNRISE FL 33351**

Mailing Address
**8059 WEST OAKLAND
SUNRISE FL 33351**

3. Date Incorporated or Qualified 09/07/1988	3a. Date of Last Report 02/06/1995
4. FEI Number 65-0073372	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 State, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

BIBAS, JACK
8059 WEST OAKLAND
SUNRISE FL 33351

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

1. TITLE	PD	<input type="checkbox"/> DELETE
2. NAME	BIBAS, JACK	
3. STREET ADDRESS	8059 W. OAKLAND PK BLVD.	
4. CITY-STATE-ZIP	SUNRISE, FL 33351	
5. TITLE		<input type="checkbox"/> DELETE
6. NAME		
7. STREET ADDRESS		
8. CITY-STATE-ZIP		
9. TITLE		<input type="checkbox"/> DELETE
10. NAME		
11. STREET ADDRESS		
12. CITY-STATE-ZIP		
13. TITLE		<input type="checkbox"/> DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-STATE-ZIP	
25. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
26. NAME	
27. STREET ADDRESS	
28. CITY-STATE-ZIP	
29. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
30. NAME	
31. STREET ADDRESS	
32. CITY-STATE-ZIP	
33. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
34. NAME	
35. STREET ADDRESS	
36. CITY-STATE-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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Book 12 or Book 13 if changed, or on an attachment with an address.

SIGNATURE: **X** *Bibas*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)