

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 20 PM 7:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N29593 (3)**

1. Corporation Name
ZEK CORPORATION

Principal Place of Business Mailing Address
**6851 WIRE RD
C/O BERT ATHERTON
ZEPHYRHILLS FL 33540-1655** **6851 WIRE RD
C/O BERT ATHERTON
ZEPHYRHILLS FL 33540-1655**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/07/1988	3a. Date of Last Report 02/10/1994
4. FEI Number 59-2806594	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	Za. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
Zip	Country
29	30

9. Name and Address of Current Registered Agent
**NELSON, WILLIAM F
37833 LAGOON N ST.
ZEPHYRHILLS FL 33541**

10. Name and Address of New Registered Agent
81 Name **ALBERT SHAFFER**
82 Street Address (P.O. Box Number is Not Acceptable)
29929 BRIAR THORN WOOD
83
84 City **ZEPHYRHILLS** FL 85 Zip Code **33544**

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 Albert Shaffer Director **ALBERT SHAFFER** 4-24-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	LEHRKE, GLEN
STREET ADDRESS	35209 DALE AVE
CITY - ST - ZIP	ZEPHYRHILLS FL
TITLE	D
NAME	LOCKE, ROBERT
STREET ADDRESS	B.P.O.E. LODGE 2731
CITY - ST - ZIP	ZEPHYRHILLS FL
TITLE	D
NAME	NELSON, WILLIAM F
STREET ADDRESS	37833 LAGOON ST
CITY - ST - ZIP	ZEPHYRHILLS FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ALBERT SHAFFER
1.3 STREET ADDRESS	29929 BRIAR THORN WOOD
1.4 CITY - ST - ZIP	ZEPHYRHILLS, FLA. 33544
2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	EMERSON L POE
2.3 STREET ADDRESS	6005 MINERVA
2.4 CITY - ST - ZIP	ZEPHYRHILLS FLA 33540
3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ARTHUR VIDLER
3.3 STREET ADDRESS	6332 WARRIE LOOP
3.4 CITY - ST - ZIP	2 HILLS, FLA 33540
4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ROBERT LOCKE
4.3 STREET ADDRESS	6064 PARK HILL
4.4 CITY - ST - ZIP	ZEPHYRHILLS FLA 33540
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 110.07(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: Albert Shaffer **ALBERT SHAFFER** 4-24-95 **913 - 973-3495**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #