


FILE NOW: FILING FEE IS \$61.25

FILED
Jun 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N29593 (3)

1. Corporation Name
ZEK CORPORATION



Principal Place of Business 6851 WIRE RD C/O BERT ATHERTON ZEPHYRHILLS FL 33540-1655	Mailing Address 6851 WIRE RD C/O BERT ATHERTON ZEPHYRHILLS FL 33540-1655
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2. Principal Place of Business 21 6851 Wire Rd	2a. Mailing Address 26 6851 Wire Rd	3. Date Incorporated or Qualified 12/07/1988	3a. Date of Last Report 04/25/1996
22	27	4. FEI Number 59-2806594	Applied For <input type="checkbox"/> Not Applicable
23 Zephyrhills, FL	28 Zephyrhills FL	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 33540-1655	25	29 33540-1655	30
9. Name and Address of Current Registered Agent SHAFFER, ALBERT 29929 BRIARTHORN LOOP ZEPHYRHILLS FL 33544		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
			FL	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAFFER, ALBERT	1.2 NAME	GLEN LEARKE
STREET ADDRESS	29929 BRIARTHORN LOOP	1.3 STREET ADDRESS	35209 DALE AVE
CITY-ST-ZIP	ZEPHYRHILLS FL	1.4 CITY-ST-ZIP	ZEPHYRHILLS FL 33541
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EMERSON, L. POE	2.2 NAME	P.C. O'BERRY
STREET ADDRESS	6005 MINERVA	2.3 STREET ADDRESS	P.O. Box 675 N/A
CITY-ST-ZIP	ZEPHYRHILLS FL	2.4 CITY-ST-ZIP	LACDOCHEE, FL 33537-0675
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIDLER, ARTHUR	3.2 NAME	ROBERT LOCKE
STREET ADDRESS	6332 LARAMIE LOOP	3.3 STREET ADDRESS	38415-2 EVERGREEN VILLAGE DR
CITY-ST-ZIP	ZEPHYRHILLS FL	3.4 CITY-ST-ZIP	ZEPHYRHILLS FL 33540
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOCKE, ROBERT	4.2 NAME	
STREET ADDRESS	6084 PARK HILL	4.3 STREET ADDRESS	
CITY-ST-ZIP	ZEPHYRHILLS FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E037 (9/96)