

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

FILED

96 AUG 29 PM 4:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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NONPROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # N94000000989
1. Corporation Name ZPAL

Principal Place of Business Mailing Address
ZPAL
PO Box 1227
Zephyrhills, FL 33539

2. Principal Place of Business 2a. Mailing Address
21 ZPAL 26 6011 Frontier Dr.
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zephyrhills 28 Florida
24 33540 25 PASCO 29 Zip Country 30

3. Date Incorporated or Qualified 3a. Date of Last Report
02/28/94 06/30/95
4. FEI Number 59-3209732 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name AL Lopresto
82 Street Address (P.O. Box Number is Not Acceptable)
6011 Frontier Dr.
83
84 City Zephyrhills FL 85 Zip Code 33540

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

Aug 12, 1996

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	AL Lopresto
STREET ADDRESS		1.3 STREET ADDRESS	6011 Frontier Dr.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Zephyrhills, FL 33540
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	VLO
STREET ADDRESS		2.3 STREET ADDRESS	Scooter Bennett N/A
CITY-ST-ZIP		2.4 CITY-ST-ZIP	PO Box 1254 Zephyrhills, FL 33541
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	Tracy Mahon
STREET ADDRESS		3.3 STREET ADDRESS	38110 Salem Ave
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Zephyrhills, FL 33541
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	Debbie Cobb TLO
STREET ADDRESS		4.3 STREET ADDRESS	9027 Gail Blvd.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Zephyrhills, FL 33541
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	VLO
STREET ADDRESS		5.3 STREET ADDRESS	Beth Velez
CITY-ST-ZIP		5.4 CITY-ST-ZIP	6042 Hazelwood Dr.
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	

JB 9-9-96

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug 12, 1996

Date

Daytime Phone #

CR2E037 (3/96)