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AND
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1995 APR 25 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P32344 (4)

1. Corporation Name

Z.N., INC.

Principal Place of Business

5700 INDUSTRIAL BLVD
MILTON FL 32583

Mailing Address

5700 INDUSTRIAL BLVD
MILTON FL 32583

3. Date Incorporated or Qualified

01/02/1991

3a. Date of Last Report

03/21/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

52-1639485

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

RUOPP, FRITZ
5700 INDUSTRIAL BLVD.
MILTON FL 32583

81 Name

Corporation Service Company

82 Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

83

84 City

Tallahassee

FL

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 607.0105, Florida Statutes. Karen B. Rozar, as its agent

SIGNATURE

Karen B. Rozar

(NOTE: Registered Agent signature required when not stating)

DATE

4-25-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME PCD
MASH, NATHAN
STREET ADDRESS 19516 PLANTERS POINT DR.
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ DELETE

NAME VSD
MASH, PAULINE D.
STREET ADDRESS 19516 PLANTERS POINT DR.
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ DELETE

NAME T
ELLIN, LESTER
STREET ADDRESS 1 CORPORATE CENTER, #335
CITY-ST-ZIP OWINGS MILLS MD

TITLE ☐ DELETE

NAME D
WARANCH, AILENE M.
STREET ADDRESS 3508 OLD POST DRIVE
CITY-ST-ZIP BALTIMORE MD

TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY-ST-ZIP

1. TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2. TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3. TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4. TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5. TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6. TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change ☐ Addition

600001795306

-04/25/96--01104--013

****200.00 ☐ ****200.00

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

4/25/96

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

John Rozar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone

4/23/94

410-727-5731

CR2E034 (12/95)