

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (If DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P93000005260 (3)

1. Corporation Name

Z-MAN SCREEN REPAIR, INC.

Principal Place of Business

20 TAHITI ROAD  
MARCO ISLAND FL 33937

Mailing Address

P.O. BOX 2288  
MARCO ISLAND FL 33969

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

PATAS, DENISE  
267 N. COLLIER BLVD.  
#201  
MARCO ISLAND FL 33937

81 Name

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

83

84 City

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 607.0505, Florida Statutes.

SIGNATURE

OFFICERS AND DIRECTORS

|                |                       |     |         |
|----------------|-----------------------|-----|---------|
| 12.            | PT                    | [ ] | DELETED |
| NAME           | ZEIGLER, STEPHEN E    |     |         |
| STREET ADDRESS | 20 TAHITI ROAD        |     |         |
| CITY/STATE/ZIP | MARCO ISLAND FL 33937 |     |         |
| 13.            | [ ]                   | [ ] | DELETED |
| NAME           |                       |     |         |
| STREET ADDRESS |                       |     |         |
| CITY/STATE/ZIP |                       |     |         |
| 14.            | [ ]                   | [ ] | DELETED |
| NAME           |                       |     |         |
| STREET ADDRESS |                       |     |         |
| CITY/STATE/ZIP |                       |     |         |
| 15.            | [ ]                   | [ ] | DELETED |
| NAME           |                       |     |         |
| STREET ADDRESS |                       |     |         |
| CITY/STATE/ZIP |                       |     |         |

(NOTE: To be filled with Signature Requested When Applicable)

DATA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|    |                |     |        |     |          |
|----|----------------|-----|--------|-----|----------|
| 11 | NAME           | [ ] | Change | [ ] | Addition |
| 12 | NAME           |     |        |     |          |
| 13 | STREET ADDRESS |     |        |     |          |
| 14 | CITY/STATE/ZIP |     |        |     |          |
| 15 | NAME           | [ ] | Change | [ ] | Addition |
| 16 | STREET ADDRESS |     |        |     |          |
| 17 | CITY/STATE/ZIP |     |        |     |          |
| 18 | NAME           | [ ] | Change | [ ] | Addition |
| 19 | STREET ADDRESS |     |        |     |          |
| 20 | CITY/STATE/ZIP |     |        |     |          |
| 21 | NAME           | [ ] | Change | [ ] | Addition |
| 22 | STREET ADDRESS |     |        |     |          |
| 23 | CITY/STATE/ZIP |     |        |     |          |
| 24 | NAME           | [ ] | Change | [ ] | Addition |
| 25 | STREET ADDRESS |     |        |     |          |
| 26 | CITY/STATE/ZIP |     |        |     |          |

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

SIGNATURE:

Steph E Zeigler

9 30 98 941 642 0648

FILED  
Oct 08 1998 8:00am  
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/15/1993

4. FEI Number

65-0379427

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 owes or has paid the current year delinquent  
Personal Property Tax due June 30, 98 Yes [ ] No [ ]

10. Name and Address of New Registered Agent

CR20024598