

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P93000021326 (2)**

1. Corporation Name

**ZOOK MOORE AND ASSOCIATES, INC.**



Principal Place of Business

**901 NORTHPOINT PARKWAY  
SUITE 200  
WEST PALM BEACH FL 33407**

Mailing Address

**901 NORTHPOINT PARKWAY  
SUITE 200  
WEST PALM BEACH FL 33407**

3. Date Incorporated or Qualified

**03/22/1993**

3a. Date of Last Report

**04/04/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

**65-0456689**

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

**ZOOK, JAMES R  
901 NORTHPOINT PARKWAY  
SUITE 200  
WEST PALM BEACH FL 33407**

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of officer, director, agent and their address

DATE, Registered Agent signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
NAME **DV MOORE, DON R**  
STREET ADDRESS **901 NORTHPOINT PARKWAY SUITE 200**  
CITY, ST, ZIP **WEST PALM BEACH FL 33407**

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY, ST, ZIP

TITLE  DELETE  
NAME **DST PARENTEAU, ROGER R**  
STREET ADDRESS **901 NORTHPOINT PARKWAY SUITE 200**  
CITY, ST, ZIP **WEST PALM BEACH FL 33407**

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY, ST, ZIP

TITLE  DELETE  
NAME **DP ZOOK, JAMES R**  
STREET ADDRESS **901 NORTHPOINT PARKWAY SUITE 200**  
CITY, ST, ZIP **WEST PALM BEACH FL 33407**

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY, ST, ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY, ST, ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY, ST, ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

6.1 TITLE  Change  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 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: *Roger R. Parenteau* Roger R. Parenteau, Secy/Treas 407-683-4017  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 2/14/96 Telephone #

CR2E034 (12/95)