FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAR 25 PM 2:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000021526 (7)

1. Corporation Name
ZAM ENTERPRISES, INC.

Principal Place of Business	Mailing Address
90 KELLEY'S TRAIL OLDSMAR FL 34677	90 KELLEY'S TRAIL OLDSMAR FL 34677

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/23/1993
3a. Date of Last Report: 06/21/1994

2. Principal Place of Business
21 TWISTED TARGET
Suite, Apt. #, etc.
22 6900 GULF BLVD
City & State
23 ST. PETE BEACH, FLA.
Zip 24 33706 Country 25 PINELLAS

2a. Mailing Address
26 ZAM ENT INC
Suite, Apt. #, etc.
27 1400 CRESTWOOD CT. N.
City & State
28 SAFETY HARBOR, FLA.
Zip 29 34695 Country 30 PINELLAS

4. FEI Number: 59-3176495 ☐ 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

VALENTINE, JOSEPH A
1400 CRESTWOOD COURT, N.
SAFETY HARBOR FL 34695

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD ☐ Change ☐ Addition
NAME	ZEHNDER, MICHAEL J	1.2 NAME	PRESIDENT - DIRECTOR
STREET ADDRESS	90 KELLEY'S TRAIL	1.3 STREET ADDRESS	JOSEPH VALENTINE A.
CITY-ST-ZIP	OLDSMAR FL 34677	1.4 CITY-ST-ZIP	1400 CRESTWOOD COURT N.
			SAFETY HARBOR, FL 34695
TITLE	ST	2.1 TITLE	ST (TREASURER ST) ☑ Change ☐ Addition
NAME	ZEHNDER, MARIA E	2.2 NAME	PHYLLIS S. VALENTINE
STREET ADDRESS	90 KELLEY'S TRAIL	2.3 STREET ADDRESS	1400 CRESTWOOD COURT N.
CITY-ST-ZIP	OLDSMAR FL 34677	2.4 CITY-ST-ZIP	SAFETY HARBOR, FL 34695
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and 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 any address.

SIGNATURE Joseph A Valentine Jr. Pres. Dir. 3/16/95 813-367-7696
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0375832 CP