

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000025841 (6)

1. Corporation Name

ZIG ENTERPRISES, INC.

Principal Place of Business

P.O. BOX 296
PINELLAS PARK FL 33780
US

Mailing Address

P.O. BOX 296
PINELLAS PARK FL 33780
US

FILED
Feb 16 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/01/1993	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3175456	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Zip	7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

SEIGLER, MICHAEL
10150 64TH WAY
PINELLAS PARK FL 33782

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 registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEIGLER, MICHAEL	1.2 NAME	
STREET ADDRESS	10150 64TH WAY PINELLAS PARK	1.3 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL 33780	1.4 CITY-ST-ZIP	
TITLE	Secretary	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard Siroka	2.2 NAME	
STREET ADDRESS	3113 46 St. N.	2.3 STREET ADDRESS	
CITY-ST-ZIP	St. Pete, FL 33713	2.4 CITY-ST-ZIP	
TITLE	Vice President	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joe Siroka	3.2 NAME	
STREET ADDRESS	3306 72nd St. N.	3.3 STREET ADDRESS	
CITY-ST-ZIP	St. Pete, FL 33710	3.4 CITY-ST-ZIP	
TITLE	Vice President	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Darrell Martin	4.2 NAME	
STREET ADDRESS	12717 138th Ln. N.	4.3 STREET ADDRESS	
CITY-ST-ZIP	St. Pete, FL 33774	4.4 CITY-ST-ZIP	
TITLE	Vice President	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ed Thomas	5.2 NAME	
STREET ADDRESS	1624 N. 13th Ave. W.	5.3 STREET ADDRESS	
CITY-ST-ZIP	St. Pete, FL 33741	5.4 CITY-ST-ZIP	
TITLE		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	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0008555

CR2E034 (1097)