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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # P93000031579 (4)

FRO	ZEN SUNSHINE, INC.				
Principal Place of Business Mailing Address 3150 GREENWOOD STREET 501 NORTH ORLANDO AVENUE WINTER PARK FL 32792 SUITE 313-127 US WINTER PARK FL 32789-2900					
		US		3. Date Incorporated or Qualified 04/28/1993	3a. Date of Last Report 06/06/1995
2. Principal Pta	ace of Business Surrey Knoll Way	2a. Mailing Address 26 Same	as abou	4. FEI Number e 59-3177339	Applied For Not Applicable
Suite, Apt. I		Suite, Apt. #, etc.	43 A800	5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State	•	6. Election Campaign Financing	Fee Required \$5.00 May Be
23 Cas	selberry FL	28		Trust Fund Contribution	Added to Fees
24 Zip 3 1 =	707 25 USA	the state of the s	Country	This corporation has liability for Florida Statutes	No
	9. Name and Address of Current F	legistered Agent	81 Name	10. Name and Address of New F	
3150 GREENWOOD STREET			82 Street A	ELLIS Teffery ddress (P.O. Box Number is Not Aggeptat	D ,
			83	20 Surrey Know	11 Way
*******	LITTAIN TE 92/02				
	····		84 City	Casselberry	FL 85 20 Code 32707
11. Pursuant ti or registere familiar wit SIGNATURE	o the provisions of Sections 607.0502 ared agent, or both, indue State of Florida n, and accept the obligations of Section 1.	d 607.1508, Florida Statutes, Such change was authors, 607.0505, Florida Statute	the above-numed con by the corporation's b •	poration suturnits this statement for the pur oard of directors. I hereby accept the app	rpose of changing its registered office cintrient as registered agent. Fam
	Signature Typed or printer habit of registeral agent and OFFICERS AND D		fregutered Agent sejmileke ner		DAIL COSCOON AND C
TITLE	OFFICE AS AND L	DELETE	13.	PREST DENT	FICERS AND DIRECTORS IN 12 Change Addition
NAME	ELLIS, JEFFERY D.		1.2 NAME	Jeffery D. Ellis	Donaigo 🗀 ioanon
STREET ADDRESS :	3150 GREENWOOD STREET		13 STREET ADDRESS	20 Survey Knoll Way	
CITY - ST - ZIP	WINTER PARK FL		14 CHY-ST-ZIP	Casselberry , FL 32 Vice Assidant	707
TITLE	V	DELETE	2 1 THILE		nange Addition
NAME	ELLIS, SHARON T.		2.2 NAME	Sharen T. Ellis	
STREET ADDRESS	3150 GREENWOOD STREET WINTER PARK FL		I .	20 Surrey Knoll Way	707
CITY-ST-ZIF .	WINTEN FARK FE	DELETE	24 CHY-ST ZIP 3.1 HILE	Cosselberry, FL 32	Change Addition
NAME			3.2 NAME		Onlings Addition
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP			3.4 CITY - ST. ZIP		
TITLE		DELETE	4 1 IFUE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4.C/TY+S1-7.F		
TITLE		DELETE	5 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STHEFT ADDRESS		
CITY - ST - ZIP	· · · · · · · · · · · · · · · · · · ·		5.4 C+TY - ST - Z+P		
TITLE		DEFEIF	6 1 TITLE		Change 🛗 Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

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 native report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the dorporation 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 charged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/86 407/332-723