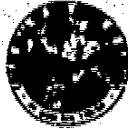


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

**CORPORATION
ANNUAL REPORT
1995**



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

95 APR 18 PM 10: 07

DOCUMENT # P93000053936 (9)

1. Corporation Name
ZERO-ONE SYSTEMS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
~~7010 EMERALD DRIVE
WEST MELBOURNE FL 32904~~ ~~7010 EMERALD DRIVE
WEST MELBOURNE FL 32904~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 07/27/1983		3a. Date of Last Report 05/01/1994	
2. Principal Place of Business 21 709 West Vine St.		4. FEI Number 59-3142461	
2a. Mailing Address 26 P.O. Box 5502		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.	
23 City & State Kissimmee, FL.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
28 City & State Tirusville, FL.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip 34741	25 Country U.S.A.	29 Zip 32983	30 Country U.S.A.
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent AL-ZABEN, ALI A 7010 EMERALD DRIVE WEST MELBOURNE FL 32904				10. Name and Address of New Registered Agent			
81 Name ALI A. AL-ZABEN		82 Street Address (P.O. Box Number is Not Acceptable) 709 West Vine St.		83 City Kissimmee		85 Zip Code FL 34741	

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AL-ZABEN, ALI	1.2 NAME	AL-ZABEN, ALI A
STREET ADDRESS	7010 EMERALD DR.	1.3 STREET ADDRESS	709 West Vine St.
CITY - ST - ZIP	W MELBOURNE FL 32904	1.4 CITY - ST - ZIP	Kissimmee, FL. 34741
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		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 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ali A. Al-Zaben **ALI A. AL-ZABEN** 4/3/95 (407)931-6139
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Telephone