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 # **P93000077122 (8)**

1. Corporation Name

AURORA ZEAL, INC.

Principal Place of Business

ARBOR SHORELINE, SUITE 505
19321 U.S. HWY. 19 NORTH
CLEARWATER FL 34624

Mailing Address

ARBOR SHORELINE, SUITE 505
19321 U.S. HWY. 19 NORTH
CLEARWATER FL 34624

3. Date Incorporated or Qualified: **11/08/1993**

3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21 418 Harbor View Lane
22 Suite, Apt. #, etc.
23 City & State: Largo, FL
24 Zip: 34640 25 Country: USA

2a. Mailing Address
26 418 Harbor View Lane
27 Suite, Apt. #, etc.
28 City & State: Largo, FL.
29 Zip: 34640 30 Country: USA

4. FEI Number: **59-3210111** ☐ 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

TOUPS, LEON H
ARBOR SHORELINE, SUITE 505
19321 U.S. HWY. 19 N.
CLEARWATER FL 34624

Delete

10. Name and Address of New Registered Agent

81 Name: Toups, Lynn R.
82 Street Address (P.O. Box Number is Not Acceptable): 418 Harbor View Lane
83 LARGO
84 City: FL 85 Zip Code: 34640

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: LYNN R. TOUPS Lynn R. Toups (Signature of New Registered Agent, if changing) DATE: 2/11/96

12. OFFICERS AND DIRECTORS

TITLE	PD	☒ DELETE
NAME	TOUPS, LEON H	
STREET ADDRESS	19321 U.S. HWY. 19 N., SUITE 505	
CITY, ST, ZIP	CLEARWATER FL	
TITLE	SD	☐ DELETE
NAME	TOUPS, LYNN R	
STREET ADDRESS	418 HARBOR VIEW LANE	
CITY, ST, ZIP	LARGO FL 34640	
TITLE	VD	☒ DELETE
NAME	TOUPS, MICHAEL	
STREET ADDRESS	418 HARBOR VIEW LANE	
CITY, ST, ZIP	LARGO FL 34640	
TITLE	D	☐ DELETE
NAME	Sheaffer, Victoria	
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		☐ Change ☐ Addition
2 NAME		
3 STREET ADDRESS		
4 CITY-ST-ZIP		
2 TITLE	PDS	☒ Change ☐ Addition
2 NAME		
3 STREET ADDRESS		
4 CITY-ST-ZIP		
3 TITLE		☐ Change ☐ Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE	D	☐ Change ☒ Addition
4 NAME	Sheaffer, Victoria	
4 STREET ADDRESS	418 Harbor View Lane	
4 CITY-ST-ZIP	Largo, FL. 34640	
5 TITLE		☐ Change ☐ Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		☐ Change ☐ Addition
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

CR2E034 (12/95)

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: Lynn R. Toups
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2/11/96

Daytime Phone # (813) 584-2065