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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

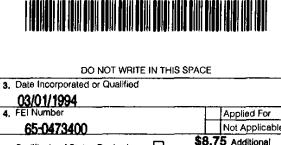
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000016481 (1)

ZAVADA ENTERPRISES, INC.

ENTROPY CITYEN (NO.20) INC.	,			
Principal Place of Business	Mailing Address			
304 CENTER RD. FORT MYERS FL 33907	304 CENTER RD. FORT MYERS FL 33907			

FILED Mar 31 1998 8:00am Secretary of State



2. Principal Place of Business		2a. Mailing Ad	2a. Mailing Address		4, FEI Number	Applied For	
์ 1		26			65-0473400	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 4	Country 25	Zip 29	Zip Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
g, Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
ZAVADA, RANDAL J			8	1 Name			
304 CENTER RD. FORT MYERS FL 33907		8	2 Street Ac	Street Address (P.O. Box Number is Not Acceptable)			
		8					
			8-	4 City	F	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, typest or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
12.	OFFICERS AND D	RECTORS	13.	ADDITIONS/CHANGES	TO OFFICERS AND DIRECTOR	RS IN 12			
TITLE	Ď	DELETE	1.1 TITLE	<u> </u>	☐ Change	Addition			
NAME	ZA VADA, RANDAL J		1.2 NAME			l:			
STREET ADDRESS	304 CENTER RD.		1.3 STREET ADDRESS						
CITY-ST-ZIP	FORT MYERS FL 33907		1.4 CITY+ST-ZIP						
TITLE	D	DELETE	2.1 TITLE		Change	Addition			
NAME	ZAVADA, LORA J		2.2 NAME			Ĭ			
STREET ADDRESS	304 CENTER RD		2.3 STREET ADDRESS			1			
CITY-ST-ZIP	FT MYERS FL		2. 4 CITY-ST-ZIP						
TITLE		DELETE	3.1 TITLE		☐ Change	Addition			
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREET ADDRESS			}			
CITY-ST-ZIP			3.4. City - St - ZIP						
TITLE		DELETE	4.1 TITLE		☐ Change	Addition			
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREET ADDRESS			!			
CITY-ST-ZIP			4.4 CITY - ST - ZIP						
TITLE		☐ DELETE	5.1 TITLE		Change	Addition			
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET ADDRESS						
CITY - ST - ZIP			5.4 City-St-ZiP						
TITLE		☐ DELETE	6.1 TITLE		Change	☐ Addition			
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET ADDRESS						
			= ,			- 1			

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

3-15-00 (911)086-7119