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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Apr 01 1998 8:00am

Secretary of State

ANDER BERTARAN DER GEREICH GER

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P94000022559 (6)

Z TO A, INC.

STREET ADDRESS CITY-ST-ZIP

•				<u> </u>	8 48818 41 48 4 81181 81118 1811 1884
Principal Plac	e of Businoss	Mailing Address			
% 1541 HEIG		% 1541 HEIGHTS LAN			
LONGWOOD	FL 32750-3303	LONGWOOD FL 32750	-3303	DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				03/11/1994	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3238287	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & Stat	е	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	 This corporation owes or has paid the Personal Property Tax due June 30. 	current year Intangible
24	25 9. Name and Address of Curre	29	30	10. Name and Address of New Register	
		in negistares Agent	81 Name 2	11-1-1-1	\
	HNSON, CLIFTON L			iFtOV L. Johnso	
1541 HEIGHTS LANE LONGWOOD FL 32750-3303				dress (P.O. Box Number is Not Acceptable)	
LU	MONIOOD PL 32/30/3303		83	1 21500 1	
	<i></i>		84 Gity	CALAM B	FL 85 ジュラウチン
11 Pursuant	to the provisions of Seduces 607.05	02 and 607 1508. Florida Stat	lutes the above-named do	poration submits this statement for the purpos	se of changing its registered
11. Pursuant to the provisions of Sertions 607.0502 and 607.1508, Florida Statutes, the above-named deporation submits this statement for the purpose of changing its registered office or registered agent, or family, 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 succept the obligations of, Section 607.0505, Florida Statutes.					
agent. La	im familiar with, and accept the oblig	gations of, Section 607.0505,	Florida Statutes.	المواق	
SIGNATURE	Signatury, typed symmed name of registered ag	cent and title if applicable (N	OTE Registered Agent signature rec	puired when reinstating) DA	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	PO	☐ DELETE	1.1 TITLE		Change Addition
NAME	JOHNSON, CLIFF		1.2 NAME		
STREET ADDRESS	1541 HEIGHTS LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL 32750		1.4 CITY-ST-ZIP		
TITLE	VPD	DELE te	21 TITLE		Change Addition
NAME	JOHNSON, CHRISTINA		22 NAME		
STREET ADDRESS	1541 HEIGHTS LANE		2 3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL 32750		2. 4 CiTY-ST-ZIP		
TITLE	STD	DELETE	3.1 TITLE		Change Addition
NAME	JOHNSON, CHRISTOPHER		3.2 NAME		
STREET ADDRESS	1541 HEIGHTS LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL 32750		3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TIBLE		Change Addition
NAME		 ···	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
			4.4 CITY - ST - ZIP		
CITY-ST-ZIP		DELETÉ	5.1 TITLE		Change Addition
NAME			5.2 NAME		
			5.3 STREET ADDRESS		
STREET ADDRESS	,		5.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		DELETE	6.1 TITLE		Change Addition
LILLE			6.2 NAME		

6.3 STREET ADDRESS

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 truefec encouvered 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 address.