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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9400034567 (5)

## FILED Jan 29 1998 8:00am Secretary of State

Principal riace of business   Mailing Address   106 WALL STREET   106 WALL STREET   REDINGTON SHORES FL 33708   DO NOT WRITE IN THIS SPACE   3. Date Incorporated or Qualified   05/06/1994   FEI Number   Address   A. FEI Number   A. FEI Number   Address   A. FEI Number   Addre		ZONE ENTERPRISES, INC.				
REDINGTON SHORES FL 33708  REDINGTON SHORES FL 33708  REDINGTON SHORES FL 33708  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  \$\( \) \$\( \	Principal Pla	ce of Business M	ailing Address			DEAN <b>40100</b> 11911 <b>01001 0</b> 1410 <b>0</b> 1411 (001 104)
2. Principal Place of Business   2a. Mailing Address   4. FEI Number   Applied For   59-3249533   Not Applied For   59-32495				3708	DO NOT WRITI	E IN THIS SPACE
2. Principal Place of Business					3. Date Incorporated or Qualified	
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Screet Additional Fee Required					05/06/1994	
Suite, Apt. #, etc.    Suite, Apt. #, etc.	2. Principal	Place of Business 1 12a.	Mailing Address	700	**	Applied For
Secretificate of Status Desired   Fee Required					59-3249533	Not Applicable
City & State  23			Suite, Apt. #, etc.		5. Certificate of Status Desired	
24 33 70 8 25		ale + 50 7.1	City & State		, , ,	\$5.00 May Be
24 33 70 25 1/2 5 1/2 5 29 30 Personal Property Tax due June 30	23/ 3/00/		Zin	Country	~- <del></del>	
9. Name and Address of Current Registered Agent VIZZONE, GERARDO J 106 WALL STREET REDINGTON SHORES FL 33708  81 Name 82 Street Address (P.O. Box Number is Not Acceptable)  83 FL 85 Zip Code 84 City  FL 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 register 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 registere agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE Signature, tyried or pented mane of registered agent and tide if applicable (NOTE: Registered Agent signature required when renestating)  DATE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ITILE D DELETE 1.1 TITLE  D Change Additional Street Address of New Registered Agent  1.2 NAME  VIZZONE, GERARDO J  1.3 STREET ADDRESS  10. Name  10. Name and Address of New Registered Agent  Name  12. Name  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. NAME  15. STREET ADDRESS  16. Name  17. Name  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. Change Additional Street Address of New Registered Agent Address of New Registered Agent  19. Name  19. Name  10. Name  10. Name Address of New Registered Agent  10. Name  10. Name Address of New Registered Agent  10. Name  11. Name  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. NAME  13. STREET ADDRESS	24 137		· · ·	—¬ ´		
VIZZONE, GERARDO J 106 WALL STREET REDINGTON SHORES FL 33708  82 Street Address (P.O. Box Number is Not Acceptable)  83 84 City  FL 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 register 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 registere agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable (Note: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE D DELETE 1.1 TITLE  NAME  VIZZONE, GERARDO J  STREET ADDRESS  1.3 STREET ADDRESS				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
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CITY-ST-ZIP REDINGTON SHORES FL 33708	SIGNATURE  12. TITLE NAME	Signature, typed or printed name of registored agent and into OFFICERS AND DIRECT D WZZONE, GERARDO J	if applicable (NOTE-	Registered Agent signature required 13.  1.1 TITLE  1.2 NAME	uired when reinstating)	DATE CERS AND DIRECTORS IN 12
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CITY-\$1-ZIP 2.4 CITY-\$1-ZIP	SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-S1-ZIP  TITLE  NAME	Signature, typed or printed name of registered agent and inte OFFICERS AND DIRECT D MZZONE, GERARDO J 108 WALL STREET	If applicable (NOTE- STORS DELETE	Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	uired when reinstating)	DATE CERS AND DIRECTORS IN 12 Change Addition
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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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Guardo Dezzon

12/98

913 397 2264