

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 # P94000037039 (2)

1. Corporation Name

Z.R.T., INC.



Principal Place of Business

Mailing Address

**28100 U.S. 19 NORTH
SUITE 502
CLEARWATER FL 34621**

**28100 U.S. 19 NORTH
SUITE 502
CLEARWATER FL 34621**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **8 CEDAR COURT**

22 City & State

27 **WOODLANDS**

23 Zip

Country

28 City & State

29 **GROUVILLE**

24 Zip

Country

25 Zip

26 **JERSEY U.K.**

9. Name and Address of Current Registered Agent

**CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301**

3. Date Incorporated or Qualified
05/17/1994

3a. Date of Last Report
02/22/1995

4. FEI Number

APPLIED FOR 59-3280860

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

10. Name and Address of New Registered Agent

81 Name

Ramon Carrion

82 Street Address (P.O. Box Number is Not Acceptable)

28100 U.S. 19 North, Suite 502

83

84 City

Clearwater

FL

85 Zip Code

34621

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]

Signature of person or printed name of registered agent and the corporation

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **P JOWETT, PETER**
STREET ADDRESS **CHATEAU FALAISE MONT DE LA ROCQUE**
CITY-ST-ZIP **ST. AUBIN ~~XX~~ JERSEY U.K. (not New Jersey)**

TITLE ☐ DELETE

NAME **P JOWETT PETER**
STREET ADDRESS **CHANGE OF ADDRESS ONLY ->**
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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

☒ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
~~St. Aubin, Channel Islands, Jersey, UK~~

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME **P JOWETT PETER**
2.3 STREET ADDRESS **8 CEDAR COURT, WOODLANDS**
2.4 CITY-ST-ZIP **GROUVILLE, JERSEY U.K.**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature] **PETER JOWETT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-96(44)1534 58800

Date: Daytime Phone:

CR2E034 (12/95)