FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**		FLORIDA DEPARTMENT OF STATE Sanora B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000039052 (3)

1. Corporation Name

FLORIDA ZOOMAX, INC.

Principal Place of Business	Mailing Address
1301 S PATRICK DRIVE. S-83 SATELLITE BEACH FL 32937	1301 S PATRICK DRIVE. S-83 SATELLITE BEACH FL 32937

3. Date Incorporated or Qualified **05/24/1994**		**3a.** Date of Last Report **05/18/1995**	
4. FEI Number **59-3255406**			☐ 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			

2. Principal Place of Business
- 21
- Suite. Apt. #, etc. 22
- City & State 23
- Zip 24 | Country 25

2a. Mailing Address
- 26
- Suite, Apt. #, etc. 27
- City & State 28
- Zip 29 | Country 30

9. Name and Address of Current Registered Agent	**10. Name and Address of New Registered Agent**
RENYO, JAMES L 190-13 PARADISE BLVD INDIALANTIC FL 32903	81 Name 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 607.1509, 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, 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** NAME **ARNOLD, JACOB J** STREET ADDRESS **224 MOSER ROAD** CITY-ST-ZIP **LOUISVILLE KY 40223**	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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: _Jacob J Arnold_   4-5-96   407 779 3278

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #