

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Matheson

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P94000040367 (2)**

1. Corporation Name

ZZAP IMPORTS, INC.



Principal Place of Business

**1219 DEGGEN CT NW
PALM BAY FL 32907**

Mailing Address

**1219 DEGGEN CT NW
PALM BAY FL 32907**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified

05/25/1994

3a. Date of Last Report

07/20/1995

4. FEI Number

59-3261507

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JACOBY, DAVID H
1581 ROBERT J. CONLAN BLVD NE
SUITE 100
PALM BAY FL 32905**

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 607.03(2) and 607.15(4), 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 607.05(5), Florida Statutes.

SIGNATURE

Signature of Registered Agent (if changed, please attach separate statement)

Signature of New Registered Agent (if qualified to represent other entities)

Date

12. OFFICERS AND DIRECTORS

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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 199.03(4)(b), Florida Statutes. I further certify that the information indicated on the 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 Book 12 or Book 13 if changed, or on an attachment with an address.

SIGNATURE:

Alan S. Parrish

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alan S. Parrish

30 APRIL 1996 (407) 676-2268

DATE TELEPHONE

CR2E034 (12/95)