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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000090777 (1)**

1. Corporation Name

Z-92, INC.



Principal Place of Business

Mailing Address

**1225 MOSELLE AVE., SUITE 24
ORLANDO FL 32807**

**1225 MOSELLE AVE., SUITE 24
ORLANDO FL 32807**

2. Principal Place of Business

2a. Mailing Address

21 **3670 DERBYSHIRE RD**

26 **3670 DERBYSHIRE RD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **SUITE 208**

27 **SUITE 208**

City & State

City & State

23 **CASSELBERRY, FL**

28 **CASSELBERRY, FL**

Zip

Country

Zip

Country

24 **32707**

25 **SEMINOLE**

29 **32707**

30 **SEMINOLE**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHUFFIELD, W. CHARLES
315 EAST ROBINSON STREET
SUITE 600
ORLANDO FL 32801**

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 607.1508, 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 typed or printed name of registered agent and then in applicant's

Signature typed or printed name of registered agent and then in applicant's

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **MOADY, SAID**
STREET ADDRESS **1225 MOSELLE AVE., SUITE 24**
CITY-STATE-ZIP **ORLANDO FL 32807**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **3670 DERBYSHIRE RD**
1.4 CITY-STATE-ZIP **CASSELBERRY, FL 32707**

TITLE **D** ☐ DELETE
NAME **BOULE, ARTHUR E JR.**
STREET ADDRESS **618 TUSCARORA TRAIL**
CITY-STATE-ZIP **MATLAND FL 32751**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE **D** ☐ DELETE
NAME **GIBSON, JANE S**
STREET ADDRESS **1414 KUHLE AVENUE**
CITY-STATE-ZIP **ORLANDO FL 32806**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE **S** ☒ DELETE
NAME **BINFORD, TOM**
STREET ADDRESS **426 E HIGHWAY 434**
CITY-STATE-ZIP **WINTER SPRINGS FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **D KAREN SHUFFIELD**
5.3 STREET ADDRESS **2307 LAKESIDE DR**
5.4 CITY-STATE-ZIP **ORLANDO, FL 32803**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SAID MOADY

APR 12 96 407-2606471

Day

Daytime Phone #

CR2E034 (12/95)