

FILED

Jan 27 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000000702 (7)

1. Corporation Name  
A & P ZOGROSS, INC.

Principal Place of Business	Mailing Address
5929 RAMONA BLVD. JACKSONVILLE FL	5929 RAMONA BLVD. JACKSONVILLE FL

DO NOT WRITE IN THIS SPACE

				3. Date Incorporated or Qualified 01/03/1995			
2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-3315939		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22		27					
City & State		City & State		6. Election Campaign Financing		\$5.00 May Be	
23		28		Trust Fund Contribution		Added to Fees	
Zip		Zip		8. This corporation owes or has paid the current year Intangible			
Country		Country		Personal Property Tax due June 30.		Yes No	
24		29					
25		30					

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
MORIRAHIMI, ALIREZA 5929 RAMONA BLVD. JACKSONVILLE FL		81	Name	
		82	Street Address (P.O. Box Number is Not Acceptable)	
		83		
		84	City	FL

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 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	PD	1.1 TITLE	
NAME	MOUSAVI, PARVIN	1.2 NAME	
STREET ADDRESS	5929 RAMONA BLVD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	1.4 CITY - ST - ZIP	
TITLE	SD	2.1 TITLE	
NAME	MORIRAHIMI, ALIREZA	2.2 NAME	
STREET ADDRESS	5929 RAMONA BLVD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

# HIRE

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