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

CORPORATION

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

	JAL REPORT 1996	Secreta	s, Mortham ry of State CORPORATIONS			
DOCUI	MENT # P9500	0013556 (2))			,
ZTAR,	INC.					
Principal Place	of Business	Mailing Address			. 88/18/8018/10000 (1106/81/	
	IRI AVE. NORTH	351 MISSOURI AVE. NO	ORTH			
LARGO FL 3	34640	LARGO FL 34640			_	
				 Date Incorporated or Qualified 02/16/1995 	3a. Date of Last F	Report
· · · · · ·	ace of Business	2a. Mailing Address	······································	4. FEI Number		Applied For
21		26		59-329825		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	1 1 7	5 Additional Required
City & State	9	City & State		Flection Campaign Financing Trust Fund Contribution		0 May Be ed to Fees
Zip	Country	Zip	Country	8. This corporation has liability for i	· · · · · · · · · · · · · · · · · · ·	
24	25	29]	30	Florida Statutes		
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New R	egistered Agent	
1.0000	1110 100111 0					
MERCHANT, ABDUL R 351 MISSOURI AVE. NORTH				dress (P.O. Box Number is Not Acceptab	le)	
	FL 34640		83			
LANGO	16 34040					
			84 City		FL 85 Z	ip Code
11. Pursuant f or register familiar wi	ALERTAN HAMBARAN DELEKTI	ANNANA . ANALOSTA	s, the above-named corpid by the corporation's bo	oration submits this statement for the pur ard of directors. I hereby accept the appo CHRNGES	pase of changing its pintment as registered	registered office d agent. I am
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFI		ORS IN 12
TITLE	PRESIDENT	DELFTE	1. 1 TITLE		☐ Change	
NAME	MERCHANT, ABOUT	11	1.2 NAME			
STREET ADDRESS	351 MISSOURI INE. NORTH	ч	1.3 STREET ADORESS			
CITY-ST-ZIP	LAKGO, FL-34640		1.4 C(1) Y - ST - Z(P	THE RESIDENCE OF THE PROPERTY		
TITLE	SECRETARY TOURIS	☐ DELETE	2. 1 TITLE		Change	Addition
NAME CARECA ADDRESS	351 MISSOURI AVE. NORT	H	2.2 NAME			
STREET ADDRESS	LARGO, FL 34640	•	2.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	1 11-40, 10 17-10	DELETE	2.4 CITY-SI-ZIP 3. 1 TITLE		☐ Change	Addition
NAME	1	.	3.2 NAME			BA-77
STREET ADDRESS			3.3. STREET ADDRESS			
CITY-S1-ZIP			3.4 CITY-ST-ZIP			
TITLE		☐ DELETE	4. 1 1/TLE		☐ Change	Addition
NAME			4.2 NAME			
STREE1 ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP		DELETE	4.4 CITY-ST-7IP		□ Phonon	Addition
TITLE			5 1 TITLE		Change	☐ MODICION
NAME STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DEFELE	6 1 TITLE		Change	Addition
NAME			6.2 NAME			

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 chapted, or on an attachment with an address. - Darhed ABBUL RASHID MERCHALIT 813-588-7799 SIGNATURE; SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP