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Feb 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000019339 (7)

1. Corporation Name
TIMEZONE, INC.



Principal Place of Business
1820 COBIA DR
VERO BEACH FL 32980

Mailing Address
PO BOX 650285
VERO BEACH FL 32965-0285

3. Date Incorporated or Qualified 03/09/1995	3a. Date of Last Report 02/06/1996
4. FEI Number 65-0563161	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent PETERSEN, G. RUSSELL P.A. 3426 OCEAN DRIVE VERO BEACH FL 32963	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	11 TITLE	TITLE	11 TITLE
NAME	12 NAME	NAME	12 NAME
STREET ADDRESS	13 STREET ADDRESS	STREET ADDRESS	13 STREET ADDRESS
CITY - ST - ZIP	14 CITY - ST - ZIP	CITY - ST - ZIP	14 CITY - ST - ZIP
TITLE	21 TITLE	TITLE	21 TITLE
NAME	22 NAME	NAME	22 NAME
STREET ADDRESS	23 STREET ADDRESS	STREET ADDRESS	23 STREET ADDRESS
CITY - ST - ZIP	24 CITY - ST - ZIP	CITY - ST - ZIP	24 CITY - ST - ZIP
TITLE	31 TITLE	TITLE	31 TITLE
NAME	32 NAME	NAME	32 NAME
STREET ADDRESS	33 STREET ADDRESS	STREET ADDRESS	33 STREET ADDRESS
CITY - ST - ZIP	34 CITY - ST - ZIP	CITY - ST - ZIP	34 CITY - ST - ZIP
TITLE	41 TITLE	TITLE	41 TITLE
NAME	42 NAME	NAME	42 NAME
STREET ADDRESS	43 STREET ADDRESS	STREET ADDRESS	43 STREET ADDRESS
CITY - ST - ZIP	44 CITY - ST - ZIP	CITY - ST - ZIP	44 CITY - ST - ZIP
TITLE	51 TITLE	TITLE	51 TITLE
NAME	52 NAME	NAME	52 NAME
STREET ADDRESS	53 STREET ADDRESS	STREET ADDRESS	53 STREET ADDRESS
CITY - ST - ZIP	54 CITY - ST - ZIP	CITY - ST - ZIP	54 CITY - ST - ZIP
TITLE	61 TITLE	TITLE	61 TITLE
NAME	62 NAME	NAME	62 NAME
STREET ADDRESS	63 STREET ADDRESS	STREET ADDRESS	63 STREET ADDRESS
CITY - ST - ZIP	64 CITY - ST - ZIP	CITY - ST - ZIP	64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Jill Mattek* 1-29-97 561-562-9857
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)