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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P95000021709 (7)										
1. Corporation Name ZOR INDUSTRIES, INC.										
Principal Place of Business Mailing Address							1880 880 \$18 1818 Q Q	JUL ac iei aa fi a i	.1881 (4811 188 1)	
1520 SAN CHRISTOPHER DRIVE			1520 SAN CHRISTOPHER DRIVE							
DUNEDIN FL 34698 DUNEDIN FL 34698										
						[3	 Date Incorporated or Qualified 03/16/1995 	i 3a. Dai	te of Last R	Report
_	Principal Place of Busin	ness	2a. Mailing Address				I. FEI Number			Applied For
21	Suite, Apt. #, etc.		26	+			59-3309017			Not Applicable
22	soite, Apr. #, etc.		Suite, Apt. #, etc.	27			5. Certificate of Status Desired			Additional Required
	City & State		City & State			· · · · · · · · · · · · · · · · · · ·	Election Campaign Financing			May Be
23			28				Trust Fund Contribution			d to Fees
24	Zip	F1 F1		Count	ry	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes				199.032,
24	25 29 30 9. Name and Address of Current Registered Agent						Florida Statutes X Ye Name and Address of New		Agent	
RODRIQUEZ, J. ORLANDO						Street Address (P.O. Box Number is Not Acceptable)				
1520 SAN CHRISTOPHER DRIVE										
	DUNEDIN FL 3469	18		8	3					
				8	4 City			FL	85 Zij	p Code
11.	Pursuant to the provis	sions of Sections 607,0502	and 607.1508, Florida Stati	utes, the above	 ∍-named ca	orporation	submits this statement for the p directors. Thereby accept the ap	ourpose of ch	nanging its r	registered office
	or registered agent, or familiar with, and acce	r both, in the State of Florid opt the obligations of, Sect	da. Such change was author ion 607.0505, Florida Statuti	rized by the co es.	rporation s	board of	directors. I hereby accept the ap	pointment a	s registered	l agent. I am
SIG	NATURE									
12.	Signature, typed	gnature, typed or printed hame of registered agont and title if applicable (NOTE Registered OFFICERS AND DIRECTORS 13.			gent signature i	required when	reinstating) ADDITIONS/CHANGES TO OF	DATE FEICERS ANI	D DIBECTO	PIS IN 12
TITLE			☐ DELETE	1. 1 TITL	E	DP			Change	N. Addition
NAM	ī				1.2 NAME		palando Roda	QUEL		
STRE	ET ADDRESS				1.3 STREET ADDRESS		palando Roda o san christo nadin, fi 34	phar	DRIL	ic
	-ST-ZIP		FIDELLIE		1.4 CITY-ST-ZIP		main, FI 34	<u>698</u>		
TITLE			DELETE	2. 1 TITL			·		☐ Change	☐ Addition
STREET ADDRESS				2.2 NAM	ET ADDRESS					,
CITY - ST - ZIP				2.5 STIL						i
TITLE		☐ DELETE			3. 1 TITLE				Change	Addition
NAM				3.2 NAM	Ε					
STRE	ET ADDRESS			3.3 STRI	ET ADDRESS					
TITLE	-ST-ZIP		I DESETE	3.4 CITY		<u> </u>			<u> </u>	
NAM			☐ DELETE	4. 1 TITL					Change	Addition
	ET ADDRESS			4.2 NAM 4.2 STDE	t et address					
	-ST-ZIP									
TITLE		DELETE			4.4 CITY-ST-2IP 5.1 TILLE				Change	Addition
NAMI	:			5.2 NAM	F					
STRE	ET ADDRESS	5			ET ADDRESS					
	ST-ZIP			5.4 CITY						
TITLE		DELETE		l l	6. 1 TATLE				☐ Change	☐ Addition
NAME				6.2 NAM						
	ET ADDRESS				ET ADDRESS	1				
	ST-ZIP I do hereby certify that	t the information supplied s	with this filing is voluntarily fu	64 CITY rnished and do	-51-7IP es not qua	L alify for the	exemption stated in Section 11	9.07(3)(k). Fli	orida Statut	es. 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 ghange in an attachment with an officers. enthe Lock

SIGNATURE: K

AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x04-29-96 x(813)85\$0585