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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000021709 (7)

ZOR INDUSTRIES, INC. Principal Place of Business Mailing Address 12928 DUPONT CIR 12928 DUPONT CIR TAMPA FL 33626 TAMPA FL 33626 DO NOT WRITE IN THIS SPACE us 3. Date Incorporated or Qualified 03/16/1995 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 59-3309017 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & Stain \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip Country This corporation owes or has paid the current year Injangible Personal Property Tax due June 30. Yes No Personal Property Tax due June 30. 24 29 30 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name RODRIQUEZ, J. ORLANDO 12928 DUPONT CIR Street Address (P.O. Box Number is Not Acceptable) 82 **TAMPA FL 33626** 83 84 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 (NOTE Registered Agent signature required when reinstating) Signature, typed or purcoul rie of registered agent and little if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition 11 TITLE TITLE NAME RODRIQUEZ, ORLANDO J. 1.2 NAME 1520 SAN CHRISTOPHER DR 1.3 STREET ADDRESS STREET ADDRESS **DUNEDIN FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP VP. Sec. DELETE Change 21 TITLE Rodriguez **Eullay** NAME 22 NAME 1570 2.3 STREET ADDRESS STREET ADORESS 34498 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change ___ Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-7IP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change ___ Addition 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CHY-ST-ZIP CITY-ST-ZIP

14. I horeby certify that the information supplied with this tiling 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 supplience tell 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

alles

MARCH 6, 1999

FILED

Mar 11 1998 8:00am

Secretary of State

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