SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthani

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P95000053232	(1)
1. Corporation Name		` '

ZOZO'S INC. Mailing Address Principal Place of Business 11731 NW 25TH STREET 11731 NW 25TH STREET PLANTATION FL 33323 PLANTATION FL 33323 3a. Date of Last Report 3. Date Incorporated or Qualified 07/03/1995 4 ELINumber Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc Suite Ant # etc 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199 032 Country Ζıρ Country  $Z \cdot D$ Yes Yes Florida Statutes 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BOIMAN, LEE Street Address (P.O. Box Number is Not Acceptable) 82 11731 NW 25TH STREET **PLANTATION FL 33323** 83 Zip Code 84 City 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 poin, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the objection 607,0505, Florida Statutes. SIGNATURE (101), Regulated Agents gustate regular twhen the outlines (36/8)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13 12. DELETE 1 1 T.TLE TITLE CR2E034 L2 NAME BOIMAN, LEE NAME 1.3 STREET ADDRESS 11731 NW 25TH STREET STREET ADDRESS PLANTATION FL 33323 1.4 City - ST ZIP C(TY-ST-Z)P Change Addition DELETE 2.1 THUE THILE 2.2 NAM: NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TULE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CiTY - \$1 - 7iP CITY-ST-ZIP Change roitibbA DELETE 4.1 TITLE 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 C/TY - ST- Z/P CITY-ST-ZIP Change Addition DELFTE 5.1.117LE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 6 1 TILE TITLE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 City - St. ZiP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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 617. Florida Statutes and that my name appears in Block 12 or Block 13 if changed, or on an attentioning with an address.