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Apr 08 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 # P95000058847 (1)

1. Corporation Name
NINE ZERO ZULU, INC.

Principal Place of Business
1200 RIVERPLACE BLVD., STE 630
JACKSONVILLE FL 32207

Mailing Address
1200 RIVERPLACE BLVD., STE 630
JACKSONVILLE FL 32207-9056

3. Date Incorporated or Qualified 07/27/1995	3a. Date of Last Report 03/19/1996
4. FEI Number 59-3329405	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> X	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
6. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 2 DAVID ST Suite, Apt #, etc. 22 E City & State 23 FT. WALTON BCH FL Zip 24 32547	2a. Mailing Address 25 SAME Suite, Apt #, etc. 27 City & State 28 Zip 29 Country 30 USA
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9. Name and Address of Current Registered Agent ZISSER, BARRY L 1200 RIVERPLACE BLVD., STE 630 JACKSONVILLE FL 32207	10. Name and Address of New Registered Agent 81 Name BRENDA W. HARRIS 82 Street Address (P.O. Box Number is Not Acceptable) 2 DAVID ST E 83 84 City FT. WALTON BCH FL 85 Zip Code 32547
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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: *Brenda W. Harris* Brenda W. Harris, President X 4/4/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D NAME ZISSER, BARRY L STREET ADDRESS 1200 RIVERPLACE BLVD., STE 630 CITY - ST - ZIP JACKSONVILLE FL 32207	<input checked="" type="checkbox"/> DELETE	1.1 TITLE D 1.2 NAME BRENDA W. HARRIS 1.3 STREET ADDRESS 2 DAVID ST, E 1.4 CITY - ST - ZIP FT. WALTON BCH, FL 32547	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME PERRY, JEFFREY H STREET ADDRESS 514 SELVA LAKES CIRCLE CITY - ST - ZIP ATLANTIC BEACH FL 32233	<input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Brenda W. Harris* Brenda W. Harris X 4/4/97 904-863-1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)