


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0081280

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000069978 (1)					
1. Corporation Name Z BUSINESS CENTER, INC.					

FILED
98 DEC 18 AM 8:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

98

DO NOT WRITE IN THIS SPACE

Principal Place of Business 125 SO CONGRESS AVENUE DELRAY BEACH FL 33445 US	Mailing Address P.O. BOX 7084 DELRAY BEACH FL 33482-7084 US
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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

3. Date Incorporated or Qualified 09/07/1995	Applied For
4. FEI Number 65-0643936	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent PELLINGRA, ALAN C/O SHROEDER AND LARCHE, P.A. 1 BOCA PL, #319-ATRIUM, 2255 GLADES RD BOCA RATON FL 33431-7383	
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10. Name and Address of New Registered Agent	
81 Name BARRY ZEITLIN	
82 Street Address (P.O. Box Number is Not Acceptable) 5000 ALENCIA COURT	
83	
84 City DELRAY BEACH	85 Zip Code FL 33484

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 607.1509, Florida Statutes.

SIGNATURE **BARRY ZEITLIN** (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	ZEITLIN, BARRY
STREET ADDRESS	5000 ALENCIA COURT
CITY-ST-ZIP	DELRAY FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	ZEITLIN, DALIA
STREET ADDRESS	5000 ALENCIA COURT
CITY-ST-ZIP	DELRAY FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	600002720956-2
2.3 STREET ADDRESS	-12/23/98-01062-012
2.4 CITY-ST-ZIP	****750.00 ****750.00
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 an attachment with an address.

SIGNATURE: **SIGNATURE REQUIRED** 9.1.98 J612668520

CR2E034 (5/98)