

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000002725 (5)**

1. Corporation Name
ZIPMALL, INC.



Principal Place of Business 6820 BENJAMIN RD., #5 TAMPA FL 33634	Mailing Address POST OFFICE BOX 23043 TAMPA FL 33623-2043
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/04/1996		3a. Date of Last Report	
21		26		4. FEI Number 59-3354490		Applied For <input type="checkbox"/> Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent BLAKE, DEAN 6820 BENJAMIN RD., #5 TAMPA FL 33634				10. Name and Address of New Registered Agent			
				81 Name Jewel Parago			
				82 Street Address (P.O. Box Number is Not Acceptable) 6820 Benjamin Rd #5			
				83			
				84 City Tampa			
				85 Zip Code FL 33634			

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 *Jewel Parago* **Jewel PARAGO** DATE 4/28/97

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PLAYNICK, BRAIN			1.2 NAME	Plavnick, Kimberly		
STREET ADDRESS	6820 BENJAMIN RD., #5			1.3 STREET ADDRESS	6820 Benjamin Rd #5		
CITY-ST-ZIP	TAMPA FL 33634			1.4 CITY-ST-ZIP	Tampa, FL 33634		
TITLE	VT	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	V/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLAKE, DEAN			2.2 NAME	Plavnick, Brian		
STREET ADDRESS	6820 BENJAMIN RD., #5			2.3 STREET ADDRESS	6820 Benjamin Rd #5		
CITY-ST-ZIP	TAMPA FL 33634			2.4 CITY-ST-ZIP	Tampa, FL 33634	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PLAYNICK, KIMBERLY			3.2 NAME			
STREET ADDRESS	6820 BENJAMIN RD., #5			3.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33634			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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: *Kimberly Plavnick* **KIMBERLY PLAVNICK** DATE 9/29/97 813-885-2446

CR2E034 (9/96)