

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

FILED

May 04 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | 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.



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| Principal Place of Business 6820 BENJAMIN RD., #5 TAMPA FL 33634 | Mailing Address POST OFFICE BOX 23043 TAMPA FL 33623 |
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DO NOT WRITE IN THIS SPACE

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|--|--|--|--|--|--|
| 2. Principal Place of Business 21 6820 BENJAMIN RD. Suite, Apt. #, etc. SUITE #1 City & State 23 TAMPA FL Zip 24 33634 | | 2a. Mailing Address 26 P.O. Box 260502 Suite, Apt. #, etc. 27 City & State 28 TAMPA FL Zip 29 33685 | | 3. Date Incorporated or Qualified 01/04/1996 4. FEI Number 59-3354490 Applied For 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 checked="" type="checkbox"/> No | |
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| 9. Name and Address of Current Registered Agent PARAGO, JEWEL 6820 BENJAMIN RD. #5 TAMPA FL 33634 | | 10. Name and Address of New Registered Agent 81 Name JOHN V. TORTORELLO 82 Street Address (P.O. Box Number is Not Acceptable) 4822 BONITA VISTA DR 83 84 City TAMPA FL 85 Zip Code 33634 | |
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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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* **JOHN V. TORTORELLO** **4/25/98**
(NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------|---|----------------------------|
| TITLE | P | 1.1 TITLE | PS |
| NAME | PLANVICK, KIMBERLY | 1.2 NAME | PLANVICK, KIMBERLY |
| STREET ADDRESS | 6820 BENJAMIN RD., #5 | 1.3 STREET ADDRESS | 6820 BENJAMIN RD #1 |
| CITY-ST-ZIP | TAMPA FL | 1.4 CITY-ST-ZIP | TAMPA FL 33634 |
| TITLE | VT | 2.1 TITLE | VT |
| NAME | PLANVICK, BRIAN | 2.2 NAME | PLANVICK, BRIAN |
| STREET ADDRESS | 6820 BENJAMIN RD., #5 | 2.3 STREET ADDRESS | 6820 BENJAMIN RD #1 |
| CITY-ST-ZIP | TAMPA FL | 2.4 CITY-ST-ZIP | TAMPA FL 33634 |
| TITLE | S | 3.1 TITLE | |
| NAME | PLANVICK, 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 | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 on an attachment with an address.

SIGNATURE *[Signature]* **4/25/98** **(813) 885-2446**

CR2E034 (10/97)