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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000009899 (1)

ZONE 10, INC.

FILED May 13 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 18455 S.W. 264TH ST. 18455 S.W. 264TH ST.						i istristi iid isiid Alili Atiii Adiii 68(i) Es)
HOMNESTEA	ID FL 33031	HOMNESTEAD FL 3303	HOMNESTEAD FL 33031			DO NOT WRITE IN THIS SPACE		
						3. Date incorporated or Qualified	THO STACE	
						01/30/1996		
	lace of Business	2a. Mailing Address				4. FEI Number	A	oplied For
21		26				65-0644758	No	ot Applicable
Suite, Apt. #, etc. 22		Suite, Apt. #, etc.	<u> </u>			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	le	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution		to Fees
Zip	h			ntry		8. This corporation owes or has paid the		1
24	25	[29]	30			Personal Property Tax due June 30.		_] No
144	9. Name and Address of Curre	nt Hegistered Agent		81	Name	10. Name and Address of New Registe	red Agent	
	AAS, JOHN P			•	Name			
	N.E. 16TH ST. OMESTEAD FL 33030		Ī	82	Street Addr	ddress (P.O. Box Number is Not Acceptable)		
Tromes is a source			ŀ	83				
			ŀ	84	City		- 85 Zip	Code
		TO - LOOP AFOR FULL DATE					FL °° 2 P	
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								
				l Agent	t signatura requir	ed when reinstating) DA		
12. TITLE	OFFICERS AND DIRECTORS DELETE			13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS	Change	Addition
NAME	DEMOTT, JOHN C		1.2 NA				☐ Citalige	L. Rodinon
STREET ADDRESS	18455 S.W. 264TH ST.				DDDCCC			
CITY-ST-ZWP	HOMESTEAD FL 33031			1.3 STREET ADDRESS 1.4 City-St-ZiP				
TITLE	D DELEI		2 1 TIT		- 2117		☐ Change	Addition
NAME	ANTOSH, GARY			2.2 NAME				
STREET ADDRESS	18455 S.W. 264TH ST.				nnerce			į
CITY-ST-ZIP	HOMESTEAD FL 33031			2:3 STREET ADDRESS 2:4 City-St-Zip				
TITLE		DELETE					Change	Addition
NAME				3.2 NAME				
STREET ADDRESS	s l		3.3 STF	3.3 STREET ADDRESS				
CITY-ST-ZIP				3.4. CITY - ST - ZIP				
TITLE	-	☐ DELETE	4.1 111				Change	Addition
NAME			4. 2 NA	NME				
STREET ADDRESS			4.3 STF	REET AI	DDRESS			
City-St-ZIP			4.4 CIT	TY - ST-	ZIP			- 1
TITLE		☐ DELETE	5.1 T (T	LE.			Change	☐ Addition
NAME			5.2 NA	ME	1			
STREET ADDRESS			5.3 STF	REET A	DORESS			
CITY-ST-ZIP			5.4 CIT	Y-ST-	ZIP			
TITLE		DELETE	6 1 TIT				☐ Change	Addition
NAME			62 NAI	ME				
STREET ADDRESS			6.3 STF	REET AL	DDRESS			ł
CITY-ST-ZIP			6.4 CIT	Y-\$1-	ZIP			- 1
	ertify that the information supplied w	ith this filma does not qualify				Section 119 07(3)(i) Florida Statutes, I furthe	or cortify that the	information

Indicated on this annual report or supplied will tris limit does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes. I further certify that the information indicated on this annual report is 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 apachment with an address.

SIGNATURE:

305-235-0028