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

PROFIT CORPORATION ANNUAL REPORT

1997

Dringing Disco of Dusings



FLORIDA DEPARTMENT OF STATE

#### Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000092090 (5)

## GROUNDZERO RESEARCH GROUP INC.

Mailing Address

# FILED May 07 1997 8:00am Secretary of State



20423 STATE ROAD 7 SUITE 357 BOCA RATON FL 33498  2. Principal Place of Business 21 Suite Apt. #, etc		2a. Mailing Address	20423 STATE ROAD 7 SUITE 357 BOCA RATON FL 33498-6747			X No.			eport  pplied For ot Applicable Additional	
22		27	*****			5. Certificate of Status Desired		Fee R	lequired	
City & Sta	te	City & State				Election Campaign Financing     Trust Fund Contribution			May Be I to Fees	
Ζφ <b>24</b>	Country 25	Zip <b>29</b>	30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
	9. Name and Address of Curre	nt Registered Agent	81	Nan		10. Name and Address of New Re	gistered /	igent		
	EINKET, SCOTT B									
9785 BOCA GARDENS PKWY SUITE 357				Stre	et Addre	dress (P.O. Box Number is Not Acceptable)				
	OCA RATON FL 33496		83	1					***************************************	
			64	City	,		FL	<b>85</b> Zip	Code	
office or agent I SIGNATURE						oration submits this statement for the pon's board of directors. I hereby accepted when reinstating)	DATE	ointment a	s registered	
12.	OFFICERS AI	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO		
TILE	P	☐ DELETE	1.1 TITLE					Change	Addition	
NAMÉ	MEINKET, SCOTT B	W MAAD	1.2 NAME							
STREET ADDRESS	• • • • • • • • • • • • • • • • • • •	Y, #880	1.3 STREE		SS					
CITY - ST - ZIP TITLE	BOCA RATON FL 33498	DELETE	1.4 CITY- 2.1 TITLE	51-21				☐ Change	Addition	
NAME	MEINKET, LORRAINE		2.2 NAME						_	
STREET ADDRESS		Y, #88D	2.3 STREE	T ADDRE	ss					
CHTY-ST-ZIP	BOCA RATON FL 33496		2. 4 CITY	-ST-ZIP						
TITLE	ST	☐ DELETE	3 1 TITLE					Change	Addition	
NAME	MEINKET, SCOTT B	V #00D	3.2 NAME							
STREET ADDRESS	9785 BOCA GARDENS PKW BOCA RATON FL 33496	1, #869	3.3 STREE		SS					
DITY-ST-ZIP TITLE	DOUA NATURY IL 33480	DELETE	4.1 TITLE					Change	Addition	
NAME			4. 2 NAM	E						
STREET ADDRESS			4.3 STREE	ET ADORE	ss					
CITY - ST - ZIP			4.4 CITY-					T 6:		
TITLE		☐ DELETE	5.1 TITLE					L. Change	L Addition	
NAME			5.2 NAME							
STREET ADORESS			5.3 STREE		:55					
CITY ST-ZIF		DELETE	5.4 CITY - 6.1 TITLE					Change	Addition	
NAME		the second of the	6.2 NAME							
STREET ADDRESS			6.3 STREE		ss					
CITY-ST-ZIP			64 CITY							
	the state of the s	1 11 11 11	f fauth a			in Continu 110 07/21/3\ Florido Ctatuta	- 15		4 4 5 4	

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 pulsee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block (3) chapted or on an internal with an address.

SIGNATURE:

4/25/97 56/ 487-252