

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

FILED  
May 11 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000012248 (5)

1. Corporation Name  
OXYGEN ZONE MOTEL, INC.



Principal Place of Business  
10900 FRONT BEACH ROAD  
PANAMA CITY BEACH FL 32407

Mailing Address  
10900 FRONT BEACH ROAD  
PANAMA CITY BEACH FL 32407

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 10901 Front Beach Rd.		26 Suite, Apt. #, etc.		02/08/1997	
22 City & State		27 City & State		4. FEI Number	
23 Panama City Beach, Fl.		28 Zip		59-3423601	
24 32407		25 Bay		5. Certificate of Status Desired	
				8.75 Additional Fee Required	
				6. Election Campaign Financing	
				Trust Fund Contribution	
				5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible	
				Personal Property Tax due June 30.	
				Yes No	

9. Name and Address of Current Registered Agent

PEREZ, SHMARYAHOU  
10900 FRONT BEACH ROAD  
PANAMA CITY BEACH FL 32407

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Yoram Safdie
STREET ADDRESS		1.3 STREET ADDRESS	10901 Front Beach Rd.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Panama City Beach, Fl. 32407
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Vice-President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Leonard de Tullio
STREET ADDRESS		2.3 STREET ADDRESS	10901 Front Beach Rd.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Panama City Beach, Fl. 32407
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Sec/Treas. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Yaacov Amir
STREET ADDRESS		3.3 STREET ADDRESS	10901 Front Beach Rd.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Panama City Beach, Fl. 32407
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Shmaryahou Perez
STREET ADDRESS		4.3 STREET ADDRESS	10900 Front Beach Rd.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Panama City Beach, Fl. 32407
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Joel Gillet
STREET ADDRESS		5.3 STREET ADDRESS	10901 Front Beach Rd.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Panama City Beach, Fl. 32407
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 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:

YORAM SAFDIE 4/23/98

CP2E034 (10/97)