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

**PROFIT CORPORATION ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000039906 (7)

NEW WORLD ZEN CENTER, INC.

**FILED** 

Mar 18 1998 8:00am

Secretary of State

Principal Place of Business Mailing Address							
13446 N CLEVELAND AVE 13446 N CLEVELA SUITE 401 SUITE 401							
NORTH FT M	YERS FL 33903	NORTH FT MYERS FL	33903		DO NOT WRITE IN THIS  3. Date Incorporated or Qualified	SPACE	
					05/01/1997		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26			65-0759705	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75 Additional	
22		27			5. Certificate of Status Desired	Fee Required	
City & Stat	е	City & State			6, Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Count	ry	8. This corporation owes or has paid the cu		
24	25 29 39 g. Name and Address of Current Registered Agent		30			Z Yes ☐ No	
		rent Registered Agent	8	Alama	10. Name and Address of New Registered	Agent	
	HR, JENNIE W		•	1 Name			
3407 SE 22ND PL			8	2 Street Add	dress (P.O. Box Number is Not Acceptable)		
CA	PE CORAL FL 33904		8	2			
			"	1			
			8	City		85 Zip Code	
44 Pureuant	to the provisions of Sections 607.0	ED2 and ED7 1ED8 Florida Ptate	too the abo	l samed sar	FL poration submits this statement for the purpose of		
office or r	registered agent, or both, in the Sta im familiar with, and accept the ob-	ite of Florida. Such change was	authorized t	by the corpora	ation's board of directors. I hereby accept the ap	changing its registered	
SIGNATURE							
	Signature, typed or printed name of registered		TE: Registered A	gent signature requ	ired when reinstating) DATE		
12.		AND DIRECTORS  DELETE	13.	<del> </del>	ADDITIONS/CHANGES TO OFFICERS AN		
		☐ DELETE	1.1 TITLE			☐ Change ☐ Addition	
NAME	SUHR, JENNIE W		1.2 NAME				
STREET ADDRESS	3407 SE 22ND PL			ET ADDRES\$		· · · · · · · · · · · · · · · · · · ·	
CITY-ST-ZIP TITLE	CAPE CORAL FL 33904	DELETE	1.4 CITY-	<del></del>		L Observa L Addition	
NAME	D DIOLEGE		2.1 TETLE	·		☐ Change ☐ Addition	
STREET ADDRESS	CHOI, INCHEOL		2.2 NAME				
	3407 SE 22ND PL CAPE CORAL FL 33904		1	T ADDRESS			
CITY-ST-ZIP TITLE	CAPE COTAL FL 33804	DELETE	2.4 CITY 3.1 TITLE	-\$1-211		Change Addition	
NAME			3.2 NAME	. 1		The second of th	
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			3.4. CITY	l			
TITLE		DELETE	4.1 TITLE			☐ Change ☐ Addition	
NAME			4. 2 NAM	l			
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			4.4 CITY-	1			
TITLE		DELETE	5.1 TITLE			Change Addition	
NAME			5.2 NAME				
STREET ADDRESS				T ADDRESS		ļ	
CITY-ST-ZIP			5.4 CITY-			ļ	
TITLE		DELETE	6.1 TITLE			Change Addition	
NAME			6.2 NAME			• -	
STREET ADDRESS				T ADDRESS		j	
CITY-ST-ZIP			6.4 CITY-				

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:

98 941)656-9642