

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

FILED
May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000040831 (4)

1. Corporation Name
ZORE'S INCORPORATED

Principal Place of Business
3230 TOMAHAWK DRIVE
KISSIMMEE FL 34746

Mailing Address
3230 TOMAHAWK DRIVE
KISSIMMEE FL 34746



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 4900 Cason Cove Dr	26 same as #2	3. Date Incorporated or Qualified 05/08/1997	
Suite, Apt. #, etc. 104		4. FEI Number 59-3450242	
22 City & State Orlando FL	27 City & State	Applied For Not Applicable	
23 Zip 32811	28 Country Orange	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24 32811		25 Orange	
29 32811		30 Orange	
29 32811		30 Orange	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LANDAETA, CESAR 3230 TOMAHAWK DRIVE KISSIMMEE FL 34746		81 Name	
4900 Cason Cove Dr #104 Orlando, FL 32811		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	PD	1.1 TITLE	
NAME	LANDAETA, CESAR	1.2 NAME	
STREET ADDRESS	3230 TOMAHAWK DRIVE	1.3 STREET ADDRESS	4900 Cason Cove Dr #104
CITY-ST-ZIP	KISSIMMEE FL 34746	1.4 CITY-ST-ZIP	Orlando, FL 32811
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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: 

CR2E034 (10/97)