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 # P97000041007 (0)

ZMP ADVANCED PROPERTIES, INC.

FILED Jan 28 1998 8:00am Secretary of State



Principal Piac	e of Business	Mailing Address			
203 VICTORY TALLAHASSE	Y GARDEN DRIVE SE EL 32301	203 VICTORY GARDE TALLAHASSEE FL 32			
		11120111110000 10 981	•••	DO NOT WRITE	IN THIS SPACE
				3. Date Incorporated or Qualified	
				05/08/1997	
2. Principal P	lace of Business	2a. Mailing Address	AND A MONTH L DYD	4. FEI Number	Applied For
	APITAL CIRCLE SE		RYGARDEN DR	59-3445727	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
2 SUITE 18		27]		of Commode of States Bookes	Fee Required
City & State	AHASSEE, EL	City & State 7 LLATIAS	CHC FI	6. Election Campaign Financing	\$5.00 May Be
	1/1 1- 112-000 1			Trust Fund Contribution	Added to Fees
zip 323	3) Country	^{Zip} 3.2 301	Country 30 LEON	8. This corporation owes or has paid	
24 Od C	9. Name and Address of Current		30 Lton	Personal Property Tax due June 3 10. Name and Address of New Reg	
SAME P PA ILL / LANKIMA					
TALLAHASSEE FL 32301 82 Street Addres				ess (P.O. Box Number is Not Acceptable VICTORY G PRDEN	e)DDME
				VICTOR 1 CHANNETY	12KTVO
			84 City TA	LAHASSEE	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607 0502	and 607 1508 Florida Sta	tutes the above-named corn	oration submits this statement for the nu	
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 little if april cable (A	IOTE: Registered Agent signature require	and when reinstaling)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE	
TITLE		DELETE	1.1 DILE		Change Addition
NAME	* \		1.2 NAME		
STREET ADDRESS	-N/A-	-	1.3 STREET ADDRESS	$-N/\Lambda$	***
CITY-ST-ZIP			1.4 CiTY-ST-ZiP	•	1
TITLE	PRISIDENT	DELETE	2.1 TITLE		Change Addition
NAME	ZANKHANA M PATEL		2.2 NAME		
STREET ADDRESS	203 VICTORY GARDIN	DR .	2.3 STREET ADDRESS		
CITY-ST-ZIP	THURINGATE! IL BA	301	2. 4 CITY - ST - ZIP		
FITLE	VICE - PRESIDENT	☐ DELETE	3.1 TITLE		Change Addition
NAME	MUKESTI D. PATEL		3.2 NAME		ł
STREET ADDRESS	203 VICTORY GARDEN	D€	3.3 STREET ADDRESS		
CITY-ST-ZIP	THILLAHIDSEC AL 3230	3)	3.4 CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4, 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
	and by that the information available with	this filips does not suplify		Casting 440 07/9VI) Finding Challeton 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.

1-7-98

850-942-5422