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PROFIT CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # P97000086442 (5)

ZOR, INC.

Principal Place of Business

Mailing Address

425 WARNER WAY

FILED Jan 15 1998 8:00am Secretary of State



425 WARNER WAY MERRITT ISLAND FL 32953 MERRITT ISLAND FL 32953 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 10/06/1997 2a. Mailing Address Applied For 13/N. COURTENAY PKWY. R. STEPHENS Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired MERRITT IS 425 WARNER WAY Fee Required City & State \$5.00 May Be 6. Election Campaign Financing Meanitt FL. Trust Fund Contribution Country Zio Country 32953 30 BREUDED 24 32953 25 BROVARD 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name STEPHENS, ROSLYN H 425 WARNER WAY 82 Street Address (P.O. Box Number is Not Acceptable) MERRITT ISLAND FL 32953 83 84 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1,1 TITLE STEPHENS, ROSLYN H NAME 1.2 NAME 425 WARNER WAY STREET ADDRESS 1,3 STREET ADDRESS MERRITT ISLAND FL 32953 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition TITLE 2.1 TITLE STEPHENS, GREGORY L NAME 2.2 NAME **425 WARNER WAY** STREET ADDRESS 2.3 STREET ADDRESS MERRITT ISLAND FL 32953 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Addition DELETE 4.1 TITLE Change TITLE 4, 2 NAME NAME 4,3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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 or an attachment with an address.

SIGNATURE:

NAXIBED UIRED

5 JAN.98 407-452-2555