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Apr 26, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000090722

1. Corporation Name
ZETA CORPORATION



Principal Place of Business 6805 SUNDANCE TRAIL RIVERSIDE CA 92506	Mailing Address 219-1628 WEST 1ST AVENUE VANCOUVER BC V6J-1G1 CA
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

3. Date Incorporated or Qualified 10/21/1997	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. FEI Number 58-2349413	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

CORPORATE CREATIONS ENTERPRISES, INC.
4521 PGA BOULEVARD #211
PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent

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

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: _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	FINKELSTEIN, KEN	
STREET ADDRESS	6805 SUNDANCE TRAIL	
CITY-ST-ZIP	RIVERSIDE CA 92506	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GAMACHE, DAVID	
STREET ADDRESS	6805 SUNDANCE TRAIL	
CITY-ST-ZIP	RIVERSIDE CA 92506	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	SOPINDER, SINGH	
STREET ADDRESS	305 5565 INMAN AVENUE	
CITY-ST-ZIP	BURNABY BC V5H-2M2	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WEAVER, TODD	
STREET ADDRESS	2000 SOUTH OCEAN LANE #11	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COPLY, FRANK	
STREET ADDRESS	68 WILLIAMS STREET	
CITY-ST-ZIP	PORT MOODY BC V3H-2R5	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FINKELSTEIN, KEN	
1.3 STREET ADDRESS	6805 SUNDANCE TRAIL	
1.4 CITY-ST-ZIP	RIVERSIDE, CA 92506	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GAMACHE, DAVID	
2.3 STREET ADDRESS	6805 SUNDANCE TRAIL	
2.4 CITY-ST-ZIP	RIVERSIDE, CA 92506	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	RAYAT, HARMEL	
4.3 STREET ADDRESS	219-1628 W 1ST AVE	
4.4 CITY-ST-ZIP	VANCOUVER, B.C., V6J-1G1 CANADA	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(f), 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, with all other like empowered.

SIGNATURE: HARMEL S RAYAT APRIL 2, 1999 604-659-5024
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)