

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortimer
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S35981** (7)

1. Corporation Name
ZUNALI, INC.



Principal Place of Business

**325 S. ORLANDO AVE.
WINTER PARK FL 32789**

Mailing Address

**325 S. ORLANDO AVE.
WINTER PARK FL 32789**

3. Date Incorporated or Qualified
02/27/1991

3a. Date of Last Report
04/18/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

24

29

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LINARTAS, JOSEPH V.
1310 FAIRVIEW AVE.
WINTER PARK FL 32789**

81 Name

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 shall be typed or printed)

(Printed Registered Agent's name is required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **LINARTAS, JURA N.**
STREET ADDRESS **3808 SILVER ROSE CT.**
CITY-STATE-ZIP **ORLANDO FL**

TITLE **D** ☐ DELETE
NAME **LINARTAS, JOSEPH V.**
STREET ADDRESS **1310 FAIRVIEW AVE.**
CITY-STATE-ZIP **WINTER PARK FL**

TITLE **D** ☐ DELETE
NAME **LINARTAS, JOSEPH J**
STREET ADDRESS **325 SO ORLANDO AVE**
CITY-STATE-ZIP **WINTER PARK FL**

TITLE **D** ☐ DELETE
NAME **LINARTAS, PAUL J**
STREET ADDRESS **325 S. ORLANDO AVE.**
CITY-STATE-ZIP **WINTER PARK FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE

(Signature typed or printed name shall be typed or printed)

4-26-96 407/644-2804
Date Daytime Phone

CR2E034 (12/95)