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

SIGNATURE:

**PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # ZERTON CORPORATION Principal Place of Business Mailing Address P.O. BOX 591 P.O. BOX 591 WILMINGTON DE 19899 WILMINGTON DE 19899 3. Date incorporated or Qualified 3a. Date of Last Report 01/14/1992 05/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 NOT APPLICABLE Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zio Country 8. This corporation has liability for intangible tax under s 199.032, 24 25 29 30 Florida Statutes ☐ Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CORPORATION INFORMATION SERVICES Street Address (P.O. Box Number is Not Acceptable) 82 1201 HAYS ST. TALLAHASSEE FL 32301 83 City 84 Zip Code 85 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. Thereby accept the appointment as registered agent, I am and accept the obligations of, Section 607,0505, Florida Statutes. Sky at included or printed hans, one gives, halpertailed in macrosoft. DA"E 12 OFFICERS AND DIRECTORS CR2E034 (12/95) 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETÉ 1 1 FILLE Add tion NAME SOLLY, JOHN D 1.2 NAME STREET ADDRESS 15 EAST NORTH ST. 1.3 STREET ADDRESS **DOVER DE 19903** CITY-ST-ZIP 14 CHY ST-ZiP TITLE DELETE 2.1 Till E Change Addition NAME SOLLY, ALEXANDRA E 22 NAME STREET ADORESS. 15 EAST NORTH ST. 2.3 STREET ADDRESS CITY ST-ZIP **DOVER DE 19903** 2.4 CHTY - ST - ZIP TITLE DELF 1E 3 \* [1"LF Change Addition NAME PUOUT, SUZANNDA 3.2 NAMS STREET ADDRESS 15 EAST NORTH ST. 3.3 STREET ADDRESS **DOVER DE 19903** CITY-ST-ZIP 3.4 City-St. 2iF THILE DELETE 4 1 III E Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 000001788180 -04/22/96-01022-039<sub>Char</sub> CHTY - ST - ZiP 4.4 CiTY - ST - ZIP TITLE DELETE 5 1 TITLE Addition \*\*\*200.00 NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CHTY - ST - ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6 1 HILE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZiP 6.4 CITY - ST. ZIP 14. I do hereby certify that the information supplied with this fring 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 arrive report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under appears in Block 12 or Block 13 if charged or or an effectment with an address.

S Paur

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR