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Feb 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 665123

(6)

1. Corporation Name

ZAMBORIK MOLD & DIE, INC.



Principal Place of Business

Mailing Address

~~21 AVENUE F~~
~~MARATHON FL 33050~~
US

~~21 AVENUE F~~
~~MARATHON FL 33050-4010~~
US

2. Principal Place of Business

21 P.O. Box 875
Suite, Apt. #, etc. 147 SMALLWOOD DR.
22 UNIT 4A SUNSET COVE

23 City & State
CHOKOLOSKEE, FL.

24 Zip 34138 25 Country USA

2a. Mailing Address

26 P.O. Box 875
Suite, Apt. #, etc.

27 City & State
CHOKOLOSKEE, FL

28 Zip 34138 29 Country USA

3. Date Incorporated or Qualified

03/31/1980

3a. Date of Last Report

04/16/1996

4. FEI Number

59-1997616

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ZAMBORIK JOAN
21 AVENUE F
MARATHON FL 33050 NEW ADDRESS

10. Name and Address of New Registered Agent

81 Name JOAN ZAMBORIK
82 Street Address (P.O. Box Number is Not Acceptable)
147 SMALLWOOD DR.
83 UNIT 4A SUNSET COVE P.O. Box 875
84 City CHOKOLOSKEE FL 85 Zip Code 34138

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 JOAN ZAMBORIK, Secretary

JOAN ZAMBORIK

2-20-97

12. OFFICERS AND DIRECTORS

TITLE STD
NAME ZAMBORIK, JOAN T
STREET ADDRESS 21 AVENUE F
CITY - ST - ZIP MARATHON FL

TITLE PD
NAME ZAMBORIK, JOHN
STREET ADDRESS 21 AVENUE F
CITY - ST - ZIP MARATHON FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME 147 SMALLWOOD DR
1.3 STREET ADDRESS P.O. Box 875 UNIT 4A SUNSET COVE
1.4 CITY - ST - ZIP CHOKOLOSKEE, FL 34138

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME 147 SMALLWOOD DR
2.3 STREET ADDRESS UNIT 4A SUNSET COVE P.O. Box 875
2.4 CITY - ST - ZIP CHOKOLOSKEE, FL 34138

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

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

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

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

14. I do 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.

SIGNATURE:

JOAN ZAMBORIK, JOAN ZAMBORIK, Secretary Feb. 2-20-97 (941) 695-4858

CR2E034 (9/96)