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PROFIT CORPORATION ANNUAL REPORT



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

1996

667618

(3)

DOCUMENT #

ZALESKY FINANCIAL CORPORATION

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	- 1911 (B. 1911 1911	! !! !!! !!!!!!!		

2. Principal Place 21 Suite, Apt. #, 22 City & State	AKE DRIVE DALE FL 33332 De of Business	3804 PINE LAKE DRI FT. LAUDERDALE FL US 2a. Mahing Address 26 Suite, Apt # etc. 27 City & State			3. Date Incorporated or Qualified 04/23/1980 4. FET Number 59-2009488 5. Certificate of Status Desired 6. Election Campaign Financing	□ \$	Applied For Not Applicable 1.75 Additional Fee Required 5.00 May Be
23 Ζιρ 24	Country	[28] [Z φ [29]	Zip Country		Trust Fund Contribution		
24	9. Name and Address of Current		1301		10. Name and Address of New Re		t
3804 PI	KY, ALLAN NE LAKE DR. IDERDALE FL 33332		81 82 83		ess (P.O. Box Number is Not Acceptable)	
			84	City	talah ke-18 kembula kada atau dia dia dia ke-19 arah menangkan pengangan dia malam menangkan menangkan menangka Ke-18 ke-18 ke-18 kada atau dia dia dia dia ke-19 arah menangkan pengangkan dia menangkan menangkan menangkan	85	Zip Code
or registere familiar with SIGNATURE	d agent, or both, in the State of Florid, and accept the obligations of, Section 49 are tasked in protections of resolvent agents.	a Such change was authoriz in 607.0505, Florida Statutes editionalpeace acc	ed by the corp Tr. Repoteed April	ioration's boar		ntment as regisl	ered agent I am
12.	OFFICERS AND	DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRE	
THE NAME STREET ADDRESS CITY-ST-ZIP	ZALESKY, ALLAN 3804 PINE LAKE DR. FT. LAUDERDALE FL		1 1 TITLE 12 NAME 13 SIBEE 14 CITY S	ADDRESS ST-ZIP			inge [] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ZALESKY, FRANCES M. 3804 PINE LAKE DR. FT. LAUDERDALE FL	DELETE	2 1 THE 22 NAME 23 STREE 24 CHY-5			Cha	nge 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	3 1 TITLE 32 NAME 33 STRCE 34 OFF - 5	T ADDRESS		☐ Cha	nge 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	4 1 TITLE 4.2 NAME	I ADDRESS		Cha	inge 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	5 1 TITLE 52 NAME	I ADORESS	***************************************	☐ Cha	inge 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	6 1 TILLE 6 2 NAME 6 3 STREE 6 4 CITY - 3	I ADORESS		□ Chá	inge Addition

14. I do hereby certify that the information supplied with this filing 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 this 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 13 of changed, or on an attachment with an aridress.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

16.4 CITY-ST-ZIP

16.5 CITY-ST-ZIP

17.5 CI