FLE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

1999

**DOCUMENT # 667618** 

ZALESKY FINANCIAL CORPORATION

SIGNATURE:

**FILED** Feb 17, 1999 8:00am **Secretary of State** 

02-17-1999 90057 012 \*\*\*150.00



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Principal Place of Business Mailing Address								
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I. DADEIDILE IE OVOE		US	, <b>c</b>		DO NOT WRITE IN THIS SPACE			
JO					<ol> <li>Date Incorporated or Qua 04/23/1980</li> </ol>	lifed .	· .	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	,	Apr	olied For
2. Principal Place of Business 26				33 2000		Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired		\$8.75 Additional	
¬ '	#, dio.	27			5. Certificate of Status Desire		Fee Red	quired
City & State City & State					6. Election Campaign Financing \$5.00 May Be			
23	-	28			Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	Count	у	8. This corporation owes the	current year Int	angible	<b>_</b>
	25	29	30		Personal Property Tax.			□No
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of N	lew Registered	Agent	
		-	8	1 Name				
ZĄLESKY, ALLAN			8	2 Street Add	ress (P.O. Box Number is Not Ac	ceptable)		
3804 PINE LAKE DR							* 2 1 4 4 4 4 4	. Mar or . mart solves.
FT. LAUDERDALE FL 33332			8	3				
			8	4 City	A STATE OF THE STA	FL	85 Zip C	Code
<u> </u>	to the provisions of Sections 607.05	502 and 607 1508 Florida Statute	es the abo	ve-named cor	poration submits this statement for	r the purpose of	changing its	registered
	to the provisions of Sections 607.05 registered agent, or both, in the Stat am familiar with, and accept the oblig				ion's board of directors. I hereby	accept the appo	ntment as reg	gisterea
SIGNATURE		NOTE:	· Degletered A	ent signature requir	ed when reinstating)	DATE		<del></del>
	Signature, typed or printed name of registered a	AND DIRECTORS	13.	,	ADDITIONS/CHANGES T	O OFFICERS A	ID DIRECTO	RS IN 12
12	OFFICERS A	DELETE	1,1 TITLE		S 18 - 15 2 18 3		Change	☐ Addition
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14. I 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, with all other like empowered.