

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 13, 1999 8:00 am  
Secretary of State

04-13-1999 90028 028 \*\*\*150.00

DOCUMENT # F08276

1. Corporation Name  
ZAPPIA CORPORATION

Principal Place of Business  
235 NW 26 AVE.  
MIAMI FL 33125

Mailing Address  
235 NW 26 AVE.  
MIAMI FL 33125

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/08/1980

4. FEI Number

NOT APPLICABLE

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZAPPIA, JOSEPH M SR  
235 N.W. 26 AVE.  
33125

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 of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VTD ☐ DELETE  
NAME ZAPPIA, PAUL A  
STREET ADDRESS 235 NW 26TH AVE  
CITY-ST-ZIP MIAMI, FL 00000

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME ZAPPIA, PAULA  
1.3 STREET ADDRESS 7026 GREENTREE LANE  
1.4 CITY-ST-ZIP MIAMI LAKES, FL 33014

TITLE VD ☐ DELETE  
NAME ZAPPIA, JOSEPH M JR  
STREET ADDRESS 411 NW 199 AVE  
CITY-ST-ZIP MIAMI FL

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME ZAPPIA JOSEPH M JR  
2.3 STREET ADDRESS 411 NW 199 AVE  
2.4 CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE PD ☐ DELETE  
NAME ZAPPIA, JOSEPH M SR  
STREET ADDRESS 235 N 26 AVE.  
CITY-ST-ZIP MIAMI, FL 00000 33125

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

TITLE VSD ☐ DELETE  
NAME ZAPPIA, JOHN D  
STREET ADDRESS 8441 NW 7TH CT  
CITY-ST-ZIP PEMBROKE PINES FL 33024

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-99

305 642-7270

Date

Daytime Phone #

0179772

CR2E034 (11/98)