

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 27, 1999 8:00 am
Secretary of State

04-27-1999 90135 022 ***150.00

DOCUMENT # **F10211**

Corporation Name
ZEIDEL ENTERPRISES, INC.

Principal Place of Business
**NW 53 ST.
FL 33166**

Mailing Address
**7937 NW 53 ST.
MIAMI FL 33166**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/06/1980	
4. FEI Number 59-2039193	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

9. Name and Address of Current Registered Agent

**ZEIDEL, BARRY
470 FAIRFAX AVE
DAVIE FL 33325**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

I, 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 *Barry Zeidel* **BARRY ZEIDEL** **PRESIDENT** **4/22/99**
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	
1. NAME	<input type="checkbox"/> DELETE	11.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS		11.2 NAME	
3. CITY-ST-ZIP		11.3 STREET ADDRESS	
4. NAME	<input type="checkbox"/> DELETE	11.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. STREET ADDRESS		12.1 TITLE	
6. CITY-ST-ZIP		12.2 NAME	
7. NAME	<input type="checkbox"/> DELETE	12.3 STREET ADDRESS	
8. STREET ADDRESS		12.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. CITY-ST-ZIP		13.1 TITLE	
10. NAME	<input type="checkbox"/> DELETE	13.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. STREET ADDRESS		13.3 STREET ADDRESS	
12. CITY-ST-ZIP		13.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. NAME	<input type="checkbox"/> DELETE	14.1 TITLE	
14. STREET ADDRESS		14.2 NAME	
15. CITY-ST-ZIP		14.3 STREET ADDRESS	
16. NAME	<input type="checkbox"/> DELETE	14.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. STREET ADDRESS		15.1 TITLE	
18. CITY-ST-ZIP		15.2 NAME	
19. NAME	<input type="checkbox"/> DELETE	15.3 STREET ADDRESS	
20. STREET ADDRESS		15.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21. CITY-ST-ZIP		16.1 TITLE	
22. NAME	<input type="checkbox"/> DELETE	16.2 NAME	
23. STREET ADDRESS		16.3 STREET ADDRESS	
24. CITY-ST-ZIP		16.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Barry Zeidel* **BARRY ZEIDEL** **4/22/99** **305-594-0845**
Signature and typed or printed name of signing officer or director Date Daytime Phone

CR2E034 (11/98)