**FILED** 

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90085 044 \*\*\*150.00

## 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

## DOCUMENT # F52604

1. Corporation Name

THOMAS A. ZACCOUR ENTERPRISES, INC.

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Principal Place of Business Mailing Address							1 192/100 110/100 112/2 21/11				. 2.2	
3027 DAWN ROAD 3027 DAWN ROAD												
JACKSONVILLE FL 32207			JACKSONVILLE FL 32207				DO NOT WI	OTE IN THIS	SPACE			
US		US	US			-	DO NOT WRITE IN "HIS SPACE  3. Date Incorporated or Qualified					
						`	10/30/1981	•				
2 Principal P	lace of Business	2a. Mailing Address					4. FEI Number			Appli	ed For	
	iace of business	<u> </u>	26 26			[ ]					pplicable	
Suite, Apt.	# etc	Suite, Apt. #, etc.					33 2.12040U		\$8.7		ditional	
— · · ·	m, etc.	27				5	<ol><li>Certificate of Status Desired</li></ol>			e Requ		
City & Stat		City & State					6. Election Campaign Financing			00 м		
23	•	<u> </u>	28			'	Trus: Fund Contribution	<b>'</b> 🗆	•	led to l	7	
Zip	Country		Zip Country			5	8. This corporation owes the current year Intangible					
24	25	29	30	Í		'	Personal Property Tax.			☐ Yes ☐ No		
	<del></del>	of Current Registered Agent			<del></del> -	11	0. Name and Address of New	Registe red	Agent			
				81	Name		<u></u>					
ZACO	COUR, THOMAS A											
3027	DAWN RD		82 Street Ad			. Address (	(P.O. Box Number is Not Accept	otable)				
JAC	(SONVILLE FL 32207			83								
				84	City			FL	85 2	Zip Co	de	
44 Durement	to the provisions of Sections	607.0502 and 607.1508, Florida St	ututes the a	hove	-named	l cornorati	ion sub nits this statement for th		- 1 1	o its re	aistered	
office or r	egistered agent, or both, in t	he State of Florida. Such change wa	s authorize	d by :	the corp	ration's l	board of directors. I hereby acc	ept the appoi	ntment a	s regis	tered	
ager t. I a	m familiar with, and accept to	he obligations of, Section 607.0505,	Florida Stat	utes.								
SIGNATURE	Signature, typed or printed name of red	nictored as ant and title if applicable //	OTE: Registere	Anon	l signature u	Leguired when	n reinstali iri)	DA1 E				
12.		CERS AND DIRECTORS	13.	rigen	r signaturo i	- Copering times	ADDITIONS/CHANGES TO C		1D DIREC	CTOR	5 IN 12	
TITLE	DP	☐ DELETE		TLE		- [			Char		Addition	
NAMÉ	ZACOUR, THOMAS A		1.2 N	AME		[						
STREET ADL RESS	3027 DAWN RD				ADDRESS							
CITY-ST-ZIF JACKSONVILLE. FL 00000 3220		100 32207			1.4 CITY-ST-ZIP							
TITLE	VP	□ DELETE				-	<del></del>		Char	nge	Addition	
NAME	ZACCOUR, II T A			2.2 NAME								
STREET ADI RESS	3027 DAWN RD			2.3 STREET ADDRESS								
	JAX FL 32207			ITY-S								
CITY-ST-ZIF	S	☐ DÉLETE				-			Char	nge	Addition	
NAME	ZACCOUR, D	_ 3	3.2 N									
STREET ADDRESS	3027 DAWN RD				ADDRESS	,						
	JAX FL 32207		i -	ITY-S								
CITY-ST-ZIF TITLE	שאא דו טבצעו	DELETE			1- ZIF	-			Char	 nge	Addition	
NAME			4.21							•		
í					ADODESS	,					1	
STREET ADDRESS					ADDRESS							
CITY-ST-ZIF				TY-ST	-ZP				Char	 10£	Addition	
TITLE			5.1 N									
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STREET ADDRESS				ITY-SI							ļ	
CITY-ST-ZII <sup>1</sup>		DELETE			<u> </u>	-			Char		Addition	
TITLE	ı	_ DECE IE	6.2 N							.A.		
NAME					ADDDESS	,						
STREET AD )RESS	l		0.3 S	rket I	ADDRESS							

14. The eby certify that the information supplied with this filing does not qualify for the exemption state 1 in Section 119 07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report for 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 corp fration 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**