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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Sandra B, Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1998 DIVISION OF COMMENT # F9300003127 (8) ZEGERS, INC.

FILED
Jan 20 1998 8:00am
Secretary of State



1125 W 22ND ST. HIALEAH FL 33010				1125 W 22ND ST. HIALEAH FL 33010				DO NOT WRITE IN THIS SPACE				
								3.	Date Incorporated or Qualified			
									07/02/1993			
2. Principal Place of Business			2a. Mailing Address					4.	FEI Number	Applied For		
21			26	_				l	36-1995650		Not Applicable	
22	Suite, Apt. #, etc		27	Suite, Apt. #, etc.	#			5.	Certificate of Stafus Desired	\$	<b>8.75</b> Additional Fee Required	
23	City & State		28	City & State			_	6.	Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
24	Zip	Country 25	29	Zip	30 Cot	intry		8.	This corporation owes or has paid the operation of the Personal Property Tax due June 30.			
	g. Name	and Address of Current	ress of Current Registered Agent 10. Name and Address of New Registered Agent									
	ZEGERS, WIL	_			11	81	Name					
1125 W 22 ST HIALEAH FL 33010			•			82	Street Address (P.O. Box Number is Not Acceptable)					
					•	83	-		<u> </u>		<del></del>	
						84	City		F	_		
11.	Pursuant to the provis	ions of Sections 607,0502	and 6	07.1508, Florida Statu	ites, the a	pove	-named corpo	ratio	n submits this statement for the purpose	of cha	nging its registered	

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 a		Registered Agent signature requ		DATE							
12.	OFFICERS AND I		13	ADDITIONS/CHANGES TO OR								
TITLE	CPT	DELETE	1.1 TITLE			Addition						
NAME	ZEGERS, WILLIAM H		1.2 NAME									
STREET ADDRESS	16727 CHICAGO AVENUE		1.3 STREET ADDRESS									
CITY - ST - ZIP	LANSING IL 60438		1.4 CITY - ST - ZIP									
TITLE	VCS	DELETE	2,1 TITLE		L Change	Addition						
NAME	ZEGERS, SUZANNE V		2,2 NAME									
STREET ADDRESS	16727 CHICAGO AVENUE		2.3 STREET ADDRESS		مسد	İ						
CITY-ST-ZIP	LANSING IL 60438		2. 4 CiTY-ST-ZIP									
TITLE	DVP	L DELETE	3.1 TITLE		Change	Addition						
NAME	MITROS, NANCY		3.2 NAME									
STREET ADDRESS	16727 CHICAGO AVENUE		3.3 STREET ADDRESS			J						
City-ST-ZIP	Lansing IL 60438		3.4. CITY - ST - ZIP									
TITLE	D	DELETE	4,1 TITLE		Change	Addition						
NAME	ZEGERS, WILLIAM H JR.		4. 2 NAME									
STREET ADDRESS	16727 CHICAGO AVENUE		4.3 STREET ADDRESS			ļ						
CITY-ST-ZIP	LANSING IL 60438		4.4 CITY-ST-ZIP									
TITLE		L DELETE	. 5.1 TITLE		Change	Addition						
NAME	i I		5.2 NAME			ľ						
STREET ADDRESS			5.3 STREET ADDRESS									
CITY-ST-ZiP	<u> </u>		5.4 CITY-ST-ZIP									
TITLE		DELETE	6.1 TITLE		Change	Addition						
NAME			6.2 NAME									
STREET ADDRESS			6.3 STREET ADDRESS									
CITY - ST - ZIP		No. of the second secon	6.4 CITY-ST-ZIP	0-50- 440 07(0)(0) F2-14- 0-4-4								

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 Statules. 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 13 of Relock 13 if chaptered or on an attemptor with an address.

SIGNATURE:

LOUGHAR BURNETHED

1/1/98 108-474-7700

2E034 (10/97)