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 # F9700000379 1. Corporation Name

ZAP DADELAND, INC.

Principal Place of Business 9 CHERRY MANE DRIVE

9 CHERRY ANE DRIVE

FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90042 039 ***150.00



ENGLEWEOU CO 08110		ENGLEWOOD CO 08110		DO NOT WRITE IN THIS SPACE			
	*			3. Date Incorporated or Qualifed			
	•				01/23/1997		
	lace of Business	2a. Mailing Address			4. FEI Number		pplied For
7523	-K Dadeland Mall	26 4295 S. Bell	Laire) Cir	C1E 93-1229022		lot Applicable
Sunc, Apr.	F, Stc.	- water of the state of	·	-2-	5. Certifcate of Status Desired		Additional
22 City &: State		27					Required
					6. Election Campaign Financing	•	May Be
23 Miam	i, FL	28 Englewood.	Country	Ç(<u>,</u>	Trust Fund Contribution		' rees
Zip	Country	Zip	¬ ′		This corporation owes the current year In Personal Property Tax.	ltangible ☐ Yes	XINo ·
²⁴ 331	9. Name and Address of Current	29 80110 30	us_		10. Name and Address of New Registered		
	5. Name and Address of Current	Registered Agent	81	Name	To real day		
C T CORPORATION SYSTEM							
1200 SOUTH PINE ISLAND ROAD			82	Street A	Address (P.O. Box Number is Not Acceptable)		
	NTATION FL 33324		83				
150	41111011 E 000E 1						
			84	City	FI	85 Zip	Code
44 5	40-40-607.050	2 4 COZ 1500 Florido Statutos	the above	-named c	corporation submits this statement for the purpose of	<u> </u>	s registered
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligati	of Florida. Such change was autil	iorizea by	tile corpor	ration's board of directors. I hereby accept the appo	intment as r	egistered
SIGNATURE					DATE DATE		
40	Signature, typed or printed name of registered agent		13.	t signature re	quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12
12.	OFFICERS AND	D DIRECTORS	1.1 TITLE	———T	ADDITIONO/OFFICE TO OFFICE ACTIONS	Change	
TITLE	PD	_ page / c	1.2 NAME	}		26	
NAME	KRANICH, STEVEN R		1.2 NAME 1.3 STREET	T ADDDESO	4295 S. Bellaire Circ	.1.0	
STREET ADORESS	- · · · - · · · · · · · · · · · · · · ·					:TE	
CITY-ST-ZIP	ENGLEWOOD CO 08110	☐ DELETE	1.4 CITY-S 2.1 TITLE	1-2119	Englewood, CO 80110	[] Change	Addition
TITLE		C PEECE	2.2 NAME	İ			
NAME			2.3 STREET	LADDOCCO			
STREET ADDRESS				- 1	•		
CITY-ST-ZIP			2.4 CITY-S			Change	Addition
TITLE-			3.2 NAME				
NAME	}	1	3.3 STREET	T ADDRESS			
STREET ADDRESS		!					
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STREET ADDRESS			4.5 STREET				
DITLE		☐ DELETE	5.1 TITLE	1-ZIF		Change	Addition
			5.2 NAME			•	
NAME			5.3 STREET	r ADDRESS			
STREET ADDRESS	1		5.4 CITY-S		•		
CITY-ST-ZIP		DELETE	6.1 TITLE			Change	Addition
TITLE			6.2 NAME				
NAME	{		6.3 STREET	[ADDRESS			
STREET ADDRESS			6.4 CITY-S	·			
CITY-ST-ZIP			0.4 CHY-S	1-217			

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:



303-<u>691-1710</u>