

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 # F98000001115

1. Corporation Name

ZACHARY CATALOGS CORP.

Principal Place of Business
22 HARBOR PARK DRIVE
PORT WASHINGTON NY 11050

Mailing Address
22 HARBOR PARK DRIVE
PORT WASHINGTON NY 11050

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90071 024 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/20/1998

4. FEI Number

11-3419803

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

21 1090 KAPP DR.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

CLEARWATER FL

28 City & State

29 City & State

24 Zip

33765

Country

USA

29 Zip

30 Country

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE

NAME
DOZOIS, LEONARD
STREET ADDRESS
1090 KAPP DRIVE
CITY-ST-ZIP
CLEARWATER FL

TITLE ☐ DELETE

NAME
CVD
LEEDS, BRUCE
STREET ADDRESS
22 HARBOR PARK DR.
CITY-ST-ZIP
PORT WASHINGTON NY

TITLE ☐ DELETE

NAME
S
RUSH, CURT
STREET ADDRESS
22 HARBOR PARK DR.
CITY-ST-ZIP
PORT WASHINGTON NY

TITLE ☐ DELETE

NAME
VD
LEEDS, RICHARD
STREET ADDRESS
22 HARBOR PARK DR.
CITY-ST-ZIP
PORT WASHINGTON NY

TITLE ☐ DELETE

NAME
D
LEEDS, ROBERT
STREET ADDRESS
22 HARBOR PARK DR.
CITY-ST-ZIP
PORT WASHINGTON NY

TITLE ☒ DELETE

NAME
T
STEINBERG, CHARLES
STREET ADDRESS
22 HARBOR PARK DR.
CITY-ST-ZIP
PORT WASHINGTON NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

V/T
GOLDSCHN, STEVEN
22 HARBOR PARK DR.
PORT WASHINGTON, NY 11050

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/13/99

516-625-1555

CR2E034 (11/98)