1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Mar 29, 1999 8:00 am **Secretary of State**

03-29-1999 90062 018 \*\*\*150.00

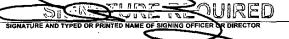
DOCUMENT # **G25988** 1. Corporation Name PENGUINS, INC. Principal Place of Business Mailing Address 14265 SW 140 ST. 14265 SW\_140 ST. MIAMP FL 33186 MHAMI FL 33186 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 02/28/1983 4, FEI Number Applied For Mailing Address 2. Principal Place of Business 3000 l SW ZOZ AUG 59-2529464 Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. Certificate of Status Desired Fee Required 27, 22 City & State & State 6. Election Campaign Financing \$5.00 May Be  $\Box$ lomesteap Added to Fees Trust Fund Contribution 23 28 Country Country Zip This corporation owes the current year Intangible 30 Yes □No ふりほ Personal Property Tax. 25 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ZELLNER, CHRIS JON Street Address (P.O. Box Number is Not Acceptable) 82 30001 SOUTHWEST 202ND AVE. HOMESTEAD FL 83 84 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applica ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change ☐ Addition ☐ DELETE 1.1 TITLE TITLE ZELLNER, CHRIS JON 12 NAME 30001 SW 202ND AVE 1.3 STREET ADDRESS STREET ADDRESS HOMESTEAD, FL 00000 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change noitibba 📋 DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS

STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 6.1 TITLE ☐ Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP 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.

6.4 CITY-ST-ZIP

SIGNATURE:



CR2E034 (11/98