## 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

## FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90071 036 \*\*\*150.00

DOCUMENT # H92487 1. Corporation Name EZ/5451 N.W. 1ST AVENUE, INC. Mailing Address Principal Place of Business P. O. BOX 970342 P. O. BOX 970342 MIAMI FL 33197 **MIAMI FL 33197** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/01/1986 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business Not Applicable 59-2679948 26 21 \$8.75 Additional Suite, Apt, #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired . 🗆 Fee Required 22 27 City & State \$5.00 May Be 6. Election Campaign Financing City & State Trust Fund Contribution Added to Fees 28 23 Country Zip This corporation owes the current year Intangible Country Zip □No Personal Property Tax. 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name ZIMBELMANN, ELMER JR. Street Address (P.O. Box Number is Not Acceptable) 82 22295 S.W. 260 ST. HOMESTEAD FL 33031 83 Zip Code 85 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. ☐ Addition Change DELETE 1.1 TITLE TITLE ZIMBELMANN, ELMER JR. 12 NAME NAME 22295 S.W. 260 ST. 1.3 STREET ADDRESS STREET ADDRESS HOMESTEAD FL 1,4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADORESS STREET ADDRESS 2.14 CITY-ST-ZIF CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 3.1 TITLE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP

☐ Addition DELETE 4.1 TITLE TITLE 4, 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CiTY-ST-ZIP CITY-ST-ZIP Addition 6.1 TITLE ☐ Change DELETE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 cha nent with an address, with all other like empowered.

SIGNATURE:

<del>rl</del>quired ZIMBEL PRIMARO NAME SEEGNING OFFICER OR DIRECTOR

CR2E034 (11/98)