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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # J22003

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|-----|-----|--------|----------|
| Apr | 14 | 1997 | 8:00am |
| Se | cre | tary c | of State |

| Principal Po % GEORGE 50 ANN LE TAMARAC | E LANE | Mailing A | Address IGE ZELHOF LEE LANE C FL 33319-2486 | } | | | | Date Incorporated or Qualified | 3a. Da | ate of Lest Re | |
|---|--|--|---|--|---|--|-------------------|--|---------------------------|-----------------------------|----------------------------|
| | | · · · · · · · · · · · · · · · · · · · | | | | | | 06/27/1986 | 05/ | 01/1996 | |
| | al Place of Business | <u> </u> | ng Address | | | | 4. | FEI Number | | | plied For |
| 21 | Apt #, etc | 26 | . Apt. #, etc. | | | | ├ | <u>59-2703888</u> | | | t Applicable |
| 22 | apt #, etc | 27 | , Apr. #, erc. | | | | 5. | Certificate of Status Desired | | \$8.75 A Fee Re | |
| City & S | State | <u> </u> | & State | | | | | Election Campaign Financing | <u> </u> | \$5.00 | |
| 23 | | 28 | | T | | | 1 — | Trust Fund Contribution | _Ц | Added t | |
| Zip | Country | Zip | | | untry | | 1 | This corporation has liability for | intangible Yes | | 199,032, |
| 24 | 25 9. Name and Address of Ci | 29 urrent Registered | Agent | 30 | 7 | | | Florida Statutes Name and Address of New Ro | | | |
| | | | | | 81 | Name | | | | | |
| | ZELHOF, GEORGE 50 ANN LEE LANE | | | | | | | | | | |
| | FAMARAC FL 33319 | | | | 82 | Street Addre | ss (P. | O. Box Number is Not Accepta | ble) | | |
| • | IMMANAO I E 00018 | | | | 83 | | | | | | ···· |
| | | | | | | | | ······································ | | | |
| | | | | | 84 | City | | | FL | 85 Zip (| Dode |
| 11. Pursua office i agent | ant to the provisions of Sections 60 or registered agent or both, in the Lam familiar with, and accept the occ | 7.0502 and 607.150 State of Florida, Su obligations of, Sect | 08, Florida Statu ich change was tion 607.0505, F | ites, the a authorize lorida Sta | above ed by atutes | e-named corpor the corporations. | oration on's b | n submits this statement for the oard of directors. I hereby acce | purpose of ept the app | changing its ointment as | s registered registered |
| SIGNATUL | Signature, typed or printed harmolof register | red agent and tile if applic | able (NC | TE Register | ed Age | nt signature required | | | DATE | | |
| 12. | | S AND DIRECTORS | | 13. | | | A | DDITIONS/CHANGES TO OFFI | CERS AND | | |
| TITLE | PV | | ☐ DELETE | 1.11 | TITLE | | | | | Change | Addition Addition |
| NAME | ZELHOF, GEORGE | | | - 1 | NAME | | | | | | |
| STREET ADDRES | | | | | | ADDRESS | | | | | |
| CITY - ST - ZIP | TAMARAC FL | | | 1 1 1 1 | | * *** | | | | | |
| TITLE | SD | | LOCIETE | | CITY-S | 1-ZIP | | | | I Ohanna | T Addison |
| | | | DELETE | 2.1 1 | TITLE | 1-214 | | | | Change | Addition |
| NAME | ZELHOF, BARBARA | | L_J DELETE | 2.1 T | TITLE NAME | | | | | Change | Addition |
| STREET ADDRE | ZELHOF, BARBARA 50 ANN LEE LANE | | L_] DELETE | 2.11 221 2.31 | title Name Street | ADDRESS | | | | Change | Addition |
| STREET ADDRE | ZELHOF, BARBARA | | | 2.11 221 23: 24 | title Name Street City+5 | ADDRESS | - | | | | |
| STREET ADDRE CITY-ST-ZIP THEE | ZELHOF, BARBARA 50 ANN LEE LANE | | DELETE | 2.11 221 23: 24 311 | title name street city- s title | ADDRESS | | | | ☐ Change | Addition |
| STREET ADDRE CITY-ST-ZIP TITLE NAME | ZELHOF, BARBARA 50 ANN LEE LANE TAMARAC FL | | | 2.11 221 23: 24 311 321 | TITLE NAME STREET CITY-S TITLE NAME | ADDRESS ST - ZIP | | | | | |
| STREET ADDRE CITY - ST - ZIP TITLE MAME STREET ADDRE | ZELHOF, BARBARA 50 ANN LEE LANE TAMARAC FL | | | 2.17 227 23: 24 317 327 33: | TITLE NAME STREET CITY-S TITLE NAME STREET | ADDRESS ST-ZIP ADDRESS | | | | | |
| STREET ADDRE CITY-ST-ZIP TITLE NAME | ZELHOF, BARBARA 50 ANN LEE LANE TAMARAC FL | | | 2.11 22) 23: 24 31) 32) 33: | TITLE NAME STREET CITY-S TITLE NAME | ADDRESS ST-ZIP ADDRESS | | | | | |
| STREET ADDRE CITY-ST-ZIP THLE MAM'E STREET ADDRE CITY-ST-ZIP | ZELHOF, BARBARA 50 ANN LEE LANE TAMARAC FL | | DELETE | 2.51 221 23: 24 311 321 33: 34. | TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S | ADDRESS ST-ZIP ADDRESS | | | | Change | Addition |
| STREET ADDRE CITY - ST - ZIP THE NAME STREET ADDRE CITY - ST - ZIP THE | ZELHOF, BARBARA 50 ANN LEE LANE TAMARAC FL | | DELETE | 2.11 2.21 2.33 2.4 3.11 3.21 3.33 3.4 4.11 | TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME | ADDRESS ST-ZIP ADDRESS | | | | Change | Addition |
| STREET ADDRE CITY - ST - ZIP THLE MAME STREET ADDRE CITY - ST - ZIF THLE NAME | ZELHOF, BARBARA 50 ANN LEE LANE TAMARAC FL | | DELETE | 2.11 221 23: 2.4 3.11 3.21 3.3.4 4.11 4.2 4.3 | TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME | ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS | | | | Change | Addition |
| STREET ADDRES OTY-ST-ZIP THLE NAME STREET ADDRES OTY-ST-ZIP THLE NAME STREET ADDRES STREET ADDRES | ZELHOF, BARBARA 50 ANN LEE LANE TAMARAC FL | | DELETE | 2.11 221 23: 2.4 3.11 3.21 3.3. 3.4. 4.11 4.2 4.3: | TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET | ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS | | | | Change | Addition |
| STREET ADDRE CHY-ST-ZIP THLE MAME STREET ADDRE CHY-ST-ZIP TOLE NAME STREET ADDRE CHY-ST-ZIP CHY-ST-ZIP | ZELHOF, BARBARA 50 ANN LEE LANE TAMARAC FL | | DELETE DELETE | 2.11 221 23: 2.4 31' 3.21 3.34 4.1' 4.2 4.3: 4.41 5.1' | TITLE NAME STREET CITY-S TITLE STREET CITY-S TITLE NAME STREET CITY-S CITY-S | ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS | | | | Change Change | Addition Addition |
| STREET ADDRE CITY-ST-ZIP THLE NAME STREET ADDRE CITY-ST-ZIP THLE NAME STREET ADDRE CITY-ST-ZIP THLE | ZELHOF, BARBARA 50 ANN LEE LANE TAMARAC FL | | DELETE DELETE | 2.11 221 23: 2.4 31,7 3.21 3.33 3.4. 4.17 4.2 4.33 4.41 5.17 5.2 | TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE | ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS | | | | Change Change | Addition Addition |
| STREET ADDRE CITY - ST-ZIP THLE MAME STREET ADDRE CITY - ST-ZIP THLE NAME STREET ADDRE CITY - ST-ZIP THLE NAME | ZELHOF, BARBARA 50 ANN LEE LANE TAMARAC FL | | DELETE DELETE | 2.11 221 23: 2.4 31' 3.21 3.33 3.4. 4.1' 4.2 4.33 4.44 5.1' 5.2' | TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE | ADDRESS ST-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS | | | | ☐ Change ☐ Change | Addition Addition |
| STREET ADDRES GITY-ST-ZIP THLE MAME STREET ADDRE GITY-ST-ZIP THLE MAME STREET ADDRE GITY-ST-ZIP THLE NAME STREET ADDRES NAME STREET ADDRES STREET ADDRES | ZELHOF, BARBARA 50 ANN LEE LANE TAMARAC FL | | DELETE DELETE | 2.11 221 23: 2.4 31' 3.21 3.3. 3.4. 4.1' 4.2 4.3: 4.4(5.1') 5.2 5.3: | TITLE MAME STREET CHY-S TITLE NAME STREET CHY-S TITLE NAME STREET NAME STREET CHY-S TITLE NAME STREET | ADDRESS ST-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS | | | | Change Change | Addition Addition |
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I do 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 officed or officed or 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.

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date