FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

J66918

(0)

ZEGERINA, INC.

FILED May 14 1998 8:00am Secretary of State

I INCHIAL CIAL COMO COMO COMO MACO MOM CIRCO CIAM COMO COMO COMO COMO

Principal Plac	ce of Business	Mailing Address		I IEBLIO DILA BILIO TILIO 19101 III	TI IAIT BIBIT BIBIT AIRES ASART BIBIT ASBET SABI
2201 BAY DR 2201 BAY DR. POMPANO BEACH FL 33062-9912 POMPANO BEACH FL 3 US			33062-9912	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
5 5d				04/13/1987	
2. Principal P	Place of Business	2a. Mailing Address	a T	4. FEI Number	Applied For
	#, etc.	26 345 \ Suite, Apl. #, etc.	1 - Ary DY,	65-0001684	Not Applicable \$8.75 Additional
22 7 -	omano Bens	27 7	wa Berl	5. Certificate of Status Desired	Fee Required
City & Stat	ig	City & State	\	6. Election Campaign Financing	\$5.00 May Be
23	1-lorida	28	lorida.	Trust Fund Contribution	Added to Fees
Zip	Country	- 323W 1	Country	8. This corporation owes or has a	
24	Name and Address of Current	Pagistered Agent	4C V 08	Personal Property Tax due Jur 10. Name and Address of New F	
-	SAMIEC, DIANE	Hogistored Agent	81 Name	10. Name and Address of New Y	egistered Agent
	2201 BAY DR.				
POMPANO BEACH, FL.			82 Street Add	ress (P.O. Box Number is Not Accepta	iple)
	FT. LAUDERDALE FL 33062-9912		63		
			84 City		85 Zip Code
			U4 City		_ FL [s] Zip Code
11, Pursuant	to the provisions of Sections 607.0502 registered agent, or both, in the State of	and 607,1508, Florida Statute	es, the above-named corp	poration submits this statement for the	purpose of changing its registered
علم agent	om familiar with, and accept the obligeti	ous of Section 607.0505, Flo	rida Statutes:	north a board of directors. Thereby does	The appointment as registered
SIGNATURE	James -	≥mu-i		etay VA.	H-98-98
12.	Signal or typed or protect national registered agent. OFFICERS AND:		: Registored Agent signature requi	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
TITLE	DP	DELETE	1,1 TITLE	ABBITTO NOT THE TOTAL TO OFF	Change Addition
NAME	TEDESCO, SAMUEL		1.2 NAME		
STREET ADDRESS	2201 BAY DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL		1.4 C(TY+ST+ZIP		
TITLE	D DAMES DIAME	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SAMIEC, DIANE 2201 BAY DR.		2.2 NAME		
STREET ADDRESS	POMPANO BEACH FL		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	TOWN AND DEACTIFE	☐ DELETE	2 4 CITY-ST-ZIP 31 TITLE		Change Addition
NAME :		 -	3 2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP			3 4. C(TY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	<u> </u>	☐ DELETE	4.4 CITY - ST - ZIP		☐ Change ☐ Addition
NAME		∟J DELETE	5.1 TITLE 5.2 NAME		C Grange C Addition
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			. 6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		}

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 chapted, or on an attachment with an address.

6.4 CITY-ST-ZIP