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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L10937

(5)

ZAIDAN ENTERPRISES, INC.

Principal Place of Business Mailing Address

7725 ULMERTON ROAD
LARGO FL 34641

ARGO FL 33771-4574

FILED Apr 03 1997 8:00am Secretary of State



					08/21/1989	3a. Date of Last Report 02/23/1996
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied For
21		***			59-2965087	Not Applicable
Suite, Apt		Suite, Apt #,	, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 28		City & State	City & State		<ol><li>Election Campaign Financing Trust Fund Contribution</li></ol>	\$5.00 May Be Added to Fees
Ζιρ <b>24</b>	Country 25	Zip Country <b>30</b>		untry	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes \(\bigcap \text{No}\) No	
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Re	Distored Agent CURRENT
2400 #735	MS, ZAIDAN O FEATHER SOUND DRIVE IS ORWATER FL 34622	( NOT AT	ems)		ADAM S. Z ress (P.O. Box Number is Not Acceptab	AIDAN
CLEA	ARMAIER FL 34022					
				84 City		FL 85 Zip Code
office or r agent. I a SIGNATURE	registered agent, or both, in the State am familiar with, and accept the oblig Suputary typed or protest name of registered ag			ed by the corporal atutes.	poration submits this statement for the p tion's board of directors. I hereby accept	t the appointment as registered
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	
THE	<b> </b>	□ DI		·	7,55110101011111000 10 01110	Change Addition
NAME	ADAMS, ZAIDAN ADAA			NAME		
STREET ADDRESS	2400 FEATHER SOUND DRIVE			STREET ADDRESS		
City-St-Zir	CLEARWATER FL		1.4 (	DITY-S1-ZIP		
THEF		DE 🔲	LETE 2.11	TITLE		Change Addition
NAME			2.21	IAME		
STREET ADDRESS			2.3 9	STREET ADDRESS		
CHY-SI-Z#	<u> </u>			CITY-ST-ZIP		
T:TLE		☐ DE	LETE 311	ILLE		Change Addition
NAME			3.21	IAME		
STREET ADDRESS			3.3 5	STREET ADDRESS		
City-St Zir				CITY-ST-ZIP		
I:[F£		☐ DE	LETE 4.11	TILE		Change Addition
NAME			4. 2	NAME		
STREET ADDRESS			4.3 5	STREET ADDRESS		
CHY-51-70°				CITY-ST-ZIP		
TITEE	1	∐ D€	ELETE 5.11	TILE .		Change Addition
NAMÉ	***		5.2 1	AME .		
\$1REEL ADORESS			5.3 9	STREET ADDRESS		
CITY - ST - ZIF				CITY-ST-24P	******	
101 F	1	☐ DE	LETE 6.1 T	are		Change Addition
THILE	i e			l l		
NAME			6.2 8	IAME		
				iame Street address		

4.1 Ido hereby certify that the information supplied with this liting does not quality 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.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE

penter)

3-28-97 (813) 538-8866