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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90122 036 ***150.00

DOCUMENT	#	183	159
1. Corporation Name			. 00

ZERO-DB SERVICES CORPORATION

601	DALE R. VOSS 8 N.W. 18TH STREET RGATE FL 33063	% DALE R. VOSS 6018 N.W. 18TH STREET MARGATE FL 33063 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/26/1990	DE
2.	Principal Place of Business	2a. Mailing Address				4. FEI Number	Applied For
21	in the second se	26	. .			65-0203625	Not Applicable
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.				5 Cortificate of Status Desired	.75 Additional ee Required
23	City & State	City & State				, , , , , , , , , , , , , , , , , , , ,	5.00 May Be added to Fees
24	Zip Country	Zip 29	Cou 30	ntry	-	This corporation owes the current year Intangible Personal Property Tax. Yes	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
	VOSS, DALE R.		_	81	Name -		
	6018 NW 18TH STREET			82	Street Addres	ss (P.O. Box Number is Not Acceptable)	
	MARGATE FL 33063			83			-
				84	City	E1 85	Zip Code

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.

agent, I am ramiliar with, and accept the obligations of, Section 607.0505, Profice Statutes.					
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE:	Registered Agent alignature re	required when reinstating) DATE		
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D DELETE	1.1 TITLE	☐ Change ☐ Addition		
NAME	VOSS, DALE R.	1.2 NAME			
STREET ADDRESS	6018 N.W. 18TH ST.	1.3 STREET ADDRESS			
CITY-ST-ZIP	MARGATE FL	1.4 CITY-ST-ZIP			
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition		
NAME		2.2 NAME			
STREET ADDRESS	en e	2.3 STREET ADDRESS	ي الراب المسور المرابعة المساويات		
CITY-ST-ZIP		2. 4 CITY-ST-ZIP			
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition		
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP		3.4. CITY-ST-ZIP			
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition		
NAME		4. 2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZiP			
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition		
NAME		5.2 NAME			
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			
CITY-ST-ZIP	·	6.4 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.

SIGNATURE:

HRED