

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 22, 1999 8:00 am
Secretary of State

04-22-1999 90091 045 ***150.00

DOCUMENT # P01674

1. Corporation Name

ZAKITEK DEVELOPMENT, INC

Principal Place of Business

% M ROBERT BOSSO/BOSSO REALTY SERVICES INC
76 E. BLUE HERON REALTY
RIVIERA BCH. FL 33404
US

Mailing Address

% M ROBERT BOSSO/BOSSO REALTY SERVICES INC
76 E. BLUE HERON REALTY
RIVIERA BCH. FL 33404
US

2. Principal Place of Business

21 88 E. Blue Heron Blvd.,
Suite, Apt. #, etc.

2a. Mailing Address

26 88 E. Blue Heron Blvd.,
Suite, Apt. #, etc.

City & State

23 Riviera Beach, Fl.

Zip 33404

Country USA

City & State

28 Riviera Beach, Fl.

Zip 33404

Country USA

9. Name and Address of Current Registered Agent

BOSSO, M ROBERT
BOSSO REALTY SERVICES INC
76 E BLUE HERON BLVD
RIVIERA BEACH FL 33404

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

04/19/1984

4. FEI Number

59-0753172

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
88 E. Blue Heron Blvd.,

83

84 Riviera Beach

FL

85 Zip Code
33404

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 (applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

4/19/99

12.

OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME SOUED, MYER
STREET ADDRESS 5612 MELLING
CITY-ST-ZIP MONTREAL QU

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99

Date

561-844-5500

Daytime Phone #

CR2E034 (1/198)

05/5870