

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

FILED

Apr 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000024123 (0)**

1. Corporation Name

ZAVEN KAZAN ENTERPRISES, INC.



Principal Place of Business

**4956 LECHALET BLVD. #11/12
BOYNTON BEACH FL 33436**

Mailing Address

**1024 SHADY LAKES CIRCLE
PALM BEACH GARDENS FL 33418**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/22/1993

4. FEI Number

65-0394016

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

4956 Le Chalet Blvd. #11-12

Suite, Apt. #, etc.

11-12

City & State

Boynton Beach

Zip

FL 33436

Country

USA

2a. Mailing Address

1024 Shady Lakes Circle

Suite, Apt. #, etc.

Palm Beach Gardens

City & State

Palm Beach Gardens

Zip

33418

Country

USA

9. Name and Address of Current Registered Agent

**KAZANDJIAN, ZAVEN
1024 SHADY LAKES CIRCLE
PALM BEACH GARDENS FL 33418**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **KAZANDJIAN, ZAVEN**
STREET ADDRESS **1024 SHADY LAKE CIRCLE**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE **VP** ☐ DELETE

NAME **DAZANDJIAN, ZAVEN**
STREET ADDRESS **1024 SHADY LAKE CIRCLE**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE **S** ☒ DELETE

NAME **KAZANDJIAN, MARIE**
STREET ADDRESS **1024 SHADY LAKES CIRCLE**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

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.

SIGNATURE **CL 10-95 SL17300008**

CR2E034 (10/97)