

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED), MINIMUM AMOUNT DUE TO REINSTATE: \$750.

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

1999 2000

DOCUMENT # P93000036222

1. Corporation Name

ZAKAVEST CORP.

Principal Place of Business

533 NE 13TH ST
FT LAUDERDALE FL 33304
US

Mailing Address

533 NE 13TH ST
FT LAUDERDALE FL 33304
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

ZAKAS, SPIROS M
533 NE 13TH ST
FT LAUDERDALE FL 33304

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 if applicable

(If 11E Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	ZAKAS, SPIROS M	
STREET ADDRESS	1200 VAN BUREN ST	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ZAKAS, PETER M	
STREET ADDRESS	150 DEERCLIFF COVE	
CITY-ST-ZIP	LAWRENCEVILLE GA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 in an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SPROS M. ZAKAS

9/13/99

954-728-8444

Date

Daytime Phone #

POSTED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00/MAY-1 PM 2:19

596, 75, 468, 5

2nd Day

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/18/1993

4. FEI Number

65-0413573

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.

☒ Yes ☐ No

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

ZAKASPACE

THE LEADER IN HOSPITALITY DESIGN

April 28, 2000

Sean Toner, Sr. Section Administrator
Annual Report Filings
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Tel: 850-487-6989

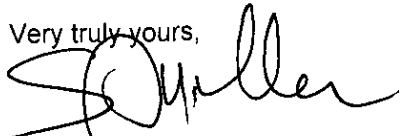
Attn: Division of Corporations

Dear Sean,

As discussed with you and Dick Arco over the telephone, we have not received any of our 2000 annual reports for the five corporations. We had our controller call April 19 to have the forms sent. As we have not received them as of today's date we are submitting copies of the 1999 annual reports marked 2000 with the respective payments of \$150.00 each so as not to incur any penalties for being late.

Could you please check our name and address in your system to make sure it is correct? It is so frustrating not to be getting these mailings. Any help you can give would be greatly appreciated.

Very truly yours,



Spiros Zakas, Chairman/Registered agent