

NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
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 # P94000021068

ZAKATECT CORP.

Place of Business Mailing Address  
NE 13TH ST 533 NE 13TH ST  
LAUDERDALE FL 33304 FT LAUDERDALE FL 33304

Principal Place of Business 2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country  
30

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

9. Name and Address of Current Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 100003236411-8  
84 City -05/03/00-01026-017  
\*\*\*\*150.00

3. Date Incorporated or Qualified  
03/18/1994  
4. FEI Number  
65-0477600  
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

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, typed or printed name of registered agent and title if applicable.

(PROFESSIONAL AGENT SIGNATURE REQUIRED WHEN SELECTING)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

CD ZAKAS, SPIROS  
1200 VAN BUREN ST  
HOLLYWOOD FL 33019  
VD ZAKAS, PETER  
150 DEER CLIFF COVE  
LAWRENCEVILLE GA 30243  
DELETE  
DELETE  
DELETE  
DELETE

13. 1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

4. 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: J.P. Ros M. ZAKAS 9/13/99 954-7288444

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 MAY -1 PM 2:19  
2nd Day

0002372

CR2E034 (5/99)

# 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

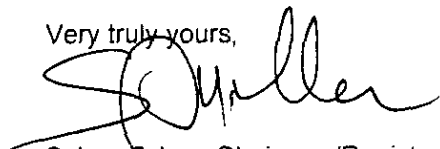
Attn: Division of Corporations

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