Applied For

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

DOCUMENT # P9400056834

1. Corporation Name

Z.K.H.S. INC.

Principal Place of Business	Mailing Address 9590 N.W. 27TH COURT				
9590 N.W. 27TH COURT CORAL SPRINGS FL 33065	CORAL SPRINGS FL 33065				

FILED Jan 26, 1999 8:00am **Secretary of State**

01-26-1999 90012 005 ***150.00

3. Date Incorporated or Qualifed

08/02/1994

4. FEI Number



DO NOT WRITE IN THIS SPACE

	·		1-000			4. FEI Number		ł		-licable
Principal Plac	e of Business	2a. Mailing Add	11699			65-0511159				plicable
		26	# ptc			5. Certificate of Sta	tue Desired		3.75 Addi Fee Requir	
Suite, Apt. #.	etc.	Suite, Apt.	#, etc.			5. Certificate of Sta	ius Desired			
	·-,	27				6. Election Campa	ign Financing		5.00 ма	
City & State		City_&_Stat	منته دراهه درس e.	<u>~</u>		Trust Fund Con	tribution		Added to F	ees
City a Otalio		28				a This corporation	owes the currer	it year Intangib	ıle _	
Country				Country		8. This corporation owes the current year Intangible Personal Property Tax. Yes No				
Zip	25	29	30			10. Name and Add	iress of New Re	gistered Ager	1t	
	9. Name and Address of Curren	nt Registered Agen	<u></u> _	81	Name	10, 1441110				
	9. Name and			[81]						
MUNIVE, NELSON 9590 N.W. 27TH COURT				82 Street Address (P.O. Box Number is Not Acceptable)						
								33. 644	300 41 15	
CORAL SPRINGS FL 33065			83					7 7 Jan		
CUHA	IT SEMINOS I F 00000				City.			8	5 Zip Coo	de
	•			84	City			<u>FL</u>		aictored
	o the provisions of Sections 607.05 gistered agent, or both, in the State or familiar with, and accept the oblig		Ctatutes 1	the above	a-named corp	oration submits this st	tatement for the	surpose of chair	nging its re ant as regis	stered
1 Pursuant to	o the provisions of Sections 607.05	.02 and 607.1508; Fi	ioriga Statutes, t nange was autho	orized by	the corporation	on's board of directors	i. I nereby accept	tile appointme		
office or re	o the provisions of both, in the State of the grant of the state of the obligation of the provision of the p	ations of, Section 6	07.0505, Florida	Statutes						
agent. i an	n familiar with, and accept the cong	,						DATE		
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if applicable.	(NOTE: Reg		nt signature require	d when reinstating)	ANGES TO OFF	ICERS AND	JIRECTOR	S IN 12
	OFFICERS A	MD DIKECTORS _		13.		ADDITIONO] Change	☐ Addi
2.			DELETE	1.1 TITLE	1		•			
ure.	D			1.2 NAME	Ì				*.	
IAME	MUNIVE, NELSON			1.3 STREE	T ADDRESS			•		
STREET ADDRESS	9590 N.W. 27TH COURT			1.4 CITY-5	ì		<u></u>		Change	Addi
CITY-ST-ZIP	CORAL SPRINGS FL 33065] DELETE	2.1 TITLE				L	Tournide	٠,٠٠٠
TITLE		٠	T) DETELL	2.2 NAME	1		-			
NAME					1	,				
	1.			2.3 STRE	ET ADDRESS					
				1						
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	· - ·		2.4 CITY-					Change	□ 400
CITY-ST-ZIP			☐ DELETE	2.4 CITY- 3.1 TITLE		-			Change	∐ A00
		· · · · · · · · · · · · · · · · · · ·	DELETE					Ĺ	Change	A00
NAME			DELETE	3.1 TITLE 3.2 NAME			43	[Change	∐ Adu
CITY-ST-ZIP		 	DELETE .	3.1 TITLE 3.2 NAME 3.3 STRE	ET ADDRESS				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 4 4) 2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
CITY-ST-ZIP TITLE NAME			·	3.1 TITLE 3.2 NAME	ET ADORESS		142 h - 25		Change	1 1 4 4) 210 1 2 20
CITY-ST-ZIP TITLE NAME STREET ADDRESS			DELETE .	3.1 TITLE 3.2 NAME 3.3 STRE 3.4. CITY 4.1 TITLE	ET ADDRESS -ST-ZIP	· · · · · · · · · · · · · · · · · · ·	· La sa	· · · · · · · · · · · · · · · · · · ·	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 4 4) 210 1 2 20
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			·	3.1 TITLE 3.2 NAME 3.3 STRE 3.4. CITY 4.1 TITLE 4.2 NAM	ET ADDRESS -ST-ZIP		142 - 13	· · · · · · · · · · · · · · · · · · ·	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 4 4) 210 1 2 20
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			·	3.1 TITLE 3.2 NAME 3.3 STRE 3.4. CITY 4.1 TITLE 4.2 NAM 4.3 STRE	EET ADDRESS -ST-ZIP EET ADDRESS		142		Change	Ado
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			DELETE	3.1 TITLE 3.2 NAME 3.3 STRE 3.4. CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY	ET ADDRESS ST-ZIP EET ADDRESS ST-ZIP ST-ZIP		142.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Add
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			·	3.1 TITLE 3.2 NAME 3.3 STRE 3.4. CITY 4.1 TITLE 4. 2 NAM 4.3 STRI 4.4 CITY 5.1 TITLE	EET ADDRESS - ST-ZIP EET ADDRESS - ST-ZIP EET ADDRESS				Change	Ado
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			DELETE	3.1 TITLE 3.2 NAME 3.3 STRE 3.4. CITY 4.1 TITLE 4. 2 NAM 4.3 STRI 4.4 CITY 5.1 TITL 5.2 NAM	EET ADDRESS - ST-ZIP EET ADDRESS - ST-ZIP EET ADDRESS - ST-ZIP E				Change	Ado
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			DELETE	3.1 TITLE 3.2 NAME 3.3 STRE 3.4. CITY 4.1 TITLE 4. 2 NAM 4.3 STRI 4.4 CITY 5.1 TITL 5.2 NAM	EET ADDRESS - ST-ZIP EET ADDRESS - ST-ZIP EET ADDRESS				Change	Ado
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			DELETE	3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAW 4.3 STRI 4.4 CITY 5.1 TITL 5.2 NAW 5.3 STR	EET ADDRESS - ST-ZIP EET ADDRESS - ST-ZIP EET ADDRESS - ST-ZIP E				☐ Change	Addc
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			DELETE	3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAW 4.3 STRI 4.4 CITY 5.1 TITL 5.2 NAW 5.3 STR	EET ADDRESS - ST-ZIP				Change	☐ Add
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRI 4.4 CITY 5.1 TITL 5.2 NAM 5.3 STR	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS (-ST-ZIP ET ADDRESS				☐ Change	☐ Add
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	s s		☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STRE 3.4. CITY 4.1 TITLE 4. 2 NAW 4.3 STRI 4.4 CITY 5.1 TITL 5.2 NAW 5.3 STR 5.4 CITY 6.1 TITL 6.2 NAW	EET ADDRESS - ST-ZIP EET ADDRESS - ST-ZIP E EET ADDRESS - ST-ZIP E EET ADDRESS - ST-ZIP E EET ADDRESS				☐ Change	Addc
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	SS SS		DELETE DELETE	3.1 TITLE 3.2 NAME 3.3 STRE 3.4. CITY 4.1 TITLE 4.2 NAM 4.3 STRI 4.4 CITY 5.1 TITL 5.2 NAM 5.3 STR 6.1 TITL 6.2 NAM 6.3 STR	EET ADDRESS -ST-ZIP EET ADDRESS -ST-ZIP EET ADDRESS (-ST-ZIP EET ADDRESS (-ST-ZIP EET ADDRESS				Change	☐ Ad

iling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informati I report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in with an address, with all other like empowered. I hereby certify that the information su-indicated on this annual report or support officer or director of the corporation of Block 12 or Block 13 if changed,

SIGNATURE