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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 23 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000072480 (4)

ZOOK HEAVY EQUIPMENT REPAIR, INC.

BSI DIPLOMAT OR STE 106 DEBARY FL 32713 US  2. Pragicipal Place of Business 2. Mailing Address 3. Date Incorporated or Qualified 3a. Date of Last Report 102/23/1998  4. FEI Number 59-3211142		e of Business		Mailing Address						ION BASSI XON	
DEBARY FL 32713 US  2. Prigcipal Place of Business 3. Date Incorporated or Qualified 99/29/1994  2. Mailing Address 4. FEI Number 99/32/1996  Surie, Apt. #, etc. 5. Certificate of Status Desired 58-75 Additional For Penguired 2. Surie, Apt. #, etc. 2. Surie, Apt. #, etc. 3. Country 5. Certificate of Status Desired 58-75 Additional For Penguired 2. Surie, Apt. #, etc. 3. Certificate of Status Desired 58-75 Additional For Penguired 3. Certificate of Status Desired 58-75 Additional For Penguired 3. Certificate of Status Desired 58-75 Additional For Penguired 3. Certificate of Status Desired 58-75 Additional For Penguired 3. Certificate of Status Desired 58-75 Additional For Penguired 3. Certificate of Status Desired 58-75 Additional For Penguired 3. Certificate of Status Desired 58-75 Additional For Penguired 3. Certificate of Status Desired 58-75 Additional For Penguired 3. Certificate of Status Desired 58-75 Additional For Penguired 3. Certificate of Status Desired 58-75 Additional For Penguired 3. Certificate of Status Desired 58-75 Additional For Penguired 3. Certificate of Status Desired 58-75 Additional For Penguired 3. Certificate of Status Desired 58-75 Additional For Penguired 3. Certificate of Status Desired 58-75 Additional For Penguired 3. Certificate of Status Desired 58-75 Additional For Penguired 3. Certificate of Status Desired 3. Certificate of Status Desired 58-75 Additional For Penguired 3. Certificate of Status Desired 3. Certificate of Status Desire	B31 DIPLOMAT			-							
2. Principal Place of Business 2. A Mailing Address 2. Principal Place of Business 3. Date Incorporated or Qualified Op/23/1996 4. FEI Number 59-3211142 5. Certificate of Status Desired 58.75 Additional Fee Required City & State 6. Election Campaign Financing Trust Fund Contribution 1. This corporation has liability for intengible law unders 199 032 1. This corporation has liability for intengible law unders 199 032 1. Name and Address of Current Registered Agent 2. Street Address (P.O. Box Number is Not Acceptable)  2. Street Address (P.O. Box Number is Not Acceptable)  11. Pursuant to the provisions of Sections 607 6502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register of agent. or bettl, in the State of Florids Section 697 0505, Florida Statutes.  11. Pursuant to the provisions of Sections 607 6502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register of agent. I am farither with, and decept the obligations of Section 697 0505, Florida Statutes.  2. SIGNATURE  12. OF FICERS AND DIRECTORS IN 12  12. OF FICERS AND DIRECTORS IN 12  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. MAME 2. SIRRET ALDRESS 0. DIV. St. 7/P  2. POBLICARS AND DIRECTORS IN 12  2. SIRRET ALDRESS 0. DIV. St. 7/P  2. DEBARY FL 2. SIRRET ALDRESS 0. DIV. St. 7/P  2. DEBARY FL 2. SIRRET ALDRESS 0. S	STE 106	-		DEBARY FL 32713-0786							
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24 3213 25 VC US 7 28 30 Florida Statutes					Cou	untry			tangible		
200K, LISA 153 SANFORD AVE DEBARY FL 32713  11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the purpose of changing its register of agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE  12. OF ICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PD  200K, CHARLES II  12 MME  STREET ADDRESS  CITY-SI-ZIP  DEBARY FL 32713  14. CITY-SI-ZIP  DEBARY FL  21 MME  STREET ADDRESS  CITY-SI-ZIP  DEBARY FL  22 MME  STREET ADDRESS  CITY-SI-ZIP  DEBARY FL  23 STREET ADDRESS  CITY-SI-ZIP  DEBARY FL  24 CITY-SI-ZIP  DEBARY FL  24 CITY-SI-ZIP  DEBARY FL  25 MME  26 STREET ADDRESS  CITY-SI-ZIP  DEBARY FL  26 Change  Add  Add  ADDITIONS/CHANGES ON No. Add  Change  Add  Add  Add  Add  Add  Add  Add  A		113 25 VOIV	15.13		30						
200K, LISA 153 SANFORD AVE DEBARY FL 32713  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 register agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE   Stp. alone hypertain posted corp. of the obligations of, Section 607.0505, Florida Statutes.  12. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE   PD				~ · · · · · · · · · · · · · · · · · · ·		<u> </u>		10. Name and Address of New Reg	stered A	gent	
Street Address (P.O. Box Number is Not Acceptable)   B2   Street Address (P.O. Box Number is Not Acceptable)	ZOC	OK, LISA				81	Name				
11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its register of office or registered agent, or both, in the State of Fiorida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registere agent, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature hybrid of crafted rem, of ngorental agent and tille Lappaciable. (NOTE Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE PD DEBARY FL 32713  12. NAME  STREET ADDRESS  CITY-ST-ZIP  DEBARY FL 32713  13. SIRREET ADDRESS  CITY-ST-ZIP  DEBARY FL 32713  14. CITY-ST-ZIP  DEBARY FL  Change Add  Add  STREET ADDRESS  CITY-ST-ZIP  DEBARY FL  2.9 NAME  2.3 STREET ADDRESS  CITY-ST-ZIP  DEBARY FL  2.4 CITY-ST-ZIP						82	Street Add	ress (P.O. Box Number is Not Acceptable	e) ·		
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 register 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 registere agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature hyperic or could directly appearable. (NOTE Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ITILE PD  NAME  ZOOK, CHARLES II  STREET ADDRESS  CITY-ST-ZIP  DEBARY FL 32713  1.4 CITY-ST-ZIP  DEBARY FL 32713  1.4 CITY-ST-ZIP  DEBARY FL  Change Add  Add  STREET ADDRESS  CITY-ST-ZIP  DEBARY FL  2.9 NAME  2.3 STREET ADDRESS  CITY-ST-ZIP  DEBARY FL  2.4 CITY-ST-ZIP  DEBARY FL  2.4 CITY-ST-ZIP	DEB	IARY FL 32713									
11. Pursuant to the provisions of Sections 607 0502 and 607,1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the purpose of changing its register 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 registere agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.  SIGNATURE  Signature hyped or pouled from of trigolerical agent and bitle Lapposcible. (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. In ITIE.  PD						53					
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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 hypertor protect central professional directions of registered agent agent and bile trapsociable. (NOTE Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  DEBARY FL 32713  DELETE  DELETE  1.1 TITLE  1.2 NAME  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  DELETE  2.1 TITLE  Change  Add  Add  STREET ADDRESS  CITY-ST-ZIP  DEBARY FL  2.3 STREET ADDRESS  CITY-ST-ZIP  DEBARY FL  2.4 CITY-ST-ZIP  DEBARY FL  2.4 CITY-ST-ZIP	11. Pursuant	to the provisions of Sectio	ns 607 0502 a	nd 607.1508, Florida Statu	ites, the a	DOVE	e-named corp	poration submits this statement for the pu	irpose of	changing if	s registered
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14. I do hereby cert ly 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 13 if changed, or on an attachment with an address.

**SIGNATURE** 

This Charles Sant Street The Lisa A. 2001 1-2-97 (400) 668 LISA A. 2001 1-2-97 (400) 668 Dayling OFFICER OR DIRECTOR