## FILE NOW: FILING FEE AFTER MAY 1 IS \$550

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT

STATE Sandra B. Morti

Secretary of State DIVISION OF CORPOR IONS

DOCUMENT # P9400084846 (2)

ZANKEY CORP.

Principal Place of Business	Mailing Address					
220 Greenwood dr Key Biscayne FL 33149-1212	220 GREENWOOD DR KEY BISCAYNE FL 33149-1212					

## **FILED** May 02 1997 8:00am Secretary of State



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Principal Place of Business Mailing Address  220 GREENWOOD DR  220 GREENWOOD DR											
	FL 33149-1212	KEY BISCAYNE FL 331	49-1212	1							
						3. Date Incorporated 11/21/1994	or Qualified		of Last F 4/1996	Report	
2. Principal P	lace of Business	2a. Mailing Address		<b>-</b>		4. FEI Number		J	Ī	pplied For	
21		26		<u> </u>		65-0536453				ot Applicable	
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.	27			5. Certificate of Statu	is Desired	\$8.75 Additional Fee Required			
City & State	9	City & State				6. Election Campaign Financing \$5.00 May Be					
Zip				inle i		Trust Fund Contrib		<u> </u>		to Fees	
24	<b>⊢</b> ′	Zip		untry		This corporation h     Florida Statutes		ntangible ta Yes 🔲		s. 199.032,	
24	25 9. Name and Address of Curren	29   nt Registered Agent	[30]			10. Name and Addre	_				
FER	DIE, AINSLEE R			81	Name						
	PONCE DE LEON BLVD, 215										
	IAL GABLES FL 33134			82	Street Addre	ess (P.O. Box Number is	Not Acceptab	e)			
				83							
				84 (	Oitu				7io	Code	
				64  \	City			FL	<b>85</b> Zip	Code	
11. Pursuant office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligations.	2 and 607.1508, Florida Sta of Florida. Such change was stone of Section 607.0505.	itutes, the all as authorize	bove-r	named corp ne corporati	oration submits this state ion's board of directors.	ment for the p hereby accep	urpose of c t the appoi	hanging ritment as	its registered s registered	
SIGNATURE	Signature, typed or printed name of registered age					ed when reinstating)		DA1L			
12.	OFFICERS AND		13.	····	signature requir	ADDITIONS/CHAN	GES TO DEELC		DIRECTO	RS IN 12	
TOTLE	D	DELFTE	1,111			710077101107011171	320 10 01110		Change	Addition	
NAME	ZANGEN, HAROLD		1,2 N	IAME.							
STREET ADDRESS	220 GREENWOOD DR		1.3 S	IREET AD	OORESS		,				
CITY-ST-ZIP	KEY BISCAYNE FL 33149-1212	2	1. <b>4</b> CI	ITY-ST-2	ZIP						
TITLE	D	☐ DELETE	2.1 11	ITLE				Ĺ	Change	☐ Addition	
NAME	ZANGEN, ALEX		2. <b>?</b> N	IAME							
STREET ADDRESS	220 GREENWOOD DR		2. <b>3</b> S	IREET AD	DDRESS			-			
CITY-ST-ZIP	KEY BISCAYNE FL 33149-1212	2	2.40	CITY-ST-	ZIP						
TITLE	D	☐ DELETE	3 1 1	ITLE				Ι	☐ Change	☐ Addition	
NAME	ZANGEN, MARIA D		3 2 N	IAME							
STREET ADDRESS	220 GREENWOOD DR	_	388	TREET AD	DRESS					ļ	
CITY-ST-ZIP	KEY BISCAYNE FL 33149-1212			DITY-SI-	ZIP						
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NAME			4.2 N	NAME							
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CITY-ST-ZIP		T COLUMN		TY-\$1-	710				T 05	4449	
TITLE		L DELETE	511)	i i		4		L	Change	Addition	
NAME			5.2 N							1	
STREET ADDRESS				TREFT AL	į						
CITY-ST-ZIP		Delete		Y - S1 -	ZIP	<del></del>			Change	Addition	
TITLE		☐ DELETE	6.1 11	ı				ι	) Change	⊢ Modition	
NAME			62 N								
STREET ADDRESS				TEET AD							
CITY-ST-ZIP	by cartify that the information supplies	d with this films does not a	640			in Section 119 07(3)(i)	Elorida Staluto	. I further	cortify the	1 tho	

I have been been supposed with the information supposed with 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 am an officer or director of the conforation 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 the property of the conformal with an address

(2, x) 3 25-81188