

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

FILED
May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000084846 (2)**

1. Corporation Name
ZANKEY CORP.

Principal Place of Business
**220 GREENWOOD DR
KEY BISCAYNE FL 33149-1212**

Mailing Address
**220 GREENWOOD DR
KEY BISCAYNE FL 33149-1212**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1460 BRICKELL AVE Suite, Apt. #, etc. 22 101 City & State 23 MIAMI FLORIDA Zip 24 33131 Country 25 U.S.A.	2a. Mailing Address 26 1460 BRICKELL AVE. Suite, Apt. #, etc. 27 101 City & State 28 MIAMI FLORIDA Zip 29 33131 Country 30 USA
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3. Date Incorporated or Qualified 11/21/1994	4. FEI Number 65-0536453	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**FERDIE, AINSLEE R
717 PONCE DE LEON BLVD, 215
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D, V.P. S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZANGEN, HAROLD	1.2 NAME	
STREET ADDRESS	220 GREENWOOD DR	1.3 STREET ADDRESS	161 CRANDON BLVD #123
CITY-ST-ZIP	KEY BISCAYNE FL 33149-1212	1.4 CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D, P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZANGEN, ALEX	2.2 NAME	
STREET ADDRESS	220 GREENWOOD DR	2.3 STREET ADDRESS	101 CRANDON BLVD #368
CITY-ST-ZIP	KEY BISCAYNE FL 33149-1212	2.4 CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	VP, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZANGEN, MARIA D	3.2 NAME	
STREET ADDRESS	220 GREENWOOD DR	3.3 STREET ADDRESS	161 CRANDON BLVD #123
CITY-ST-ZIP	KEY BISCAYNE FL 33149-1212	3.4 CITY-ST-ZIP	KEY BISCAYNE FL 33149
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address.

SIGNATURE:

ALEX ZANGEN

1/2/98

(3-5) 375-8488

CR2E034 (10/97)