

# **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000002805

Entity Name: ZEECO CORPORATION

**FILED**  
**Jan 15, 2004**  
**Secretary of State**

**Current Principal Place of Business:**

284 SO. ISLAND DRIVE  
GOLDEN BEACH, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

2121 PONE DE LEON BLVD.  
#1100  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

FEI Number: 65-0556060

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HOLWITZ, SANFORD B  
2121 PONCE DE LEON BLVD.  
#1100  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

HORWITZ, SANFORD B  
2121 PONCE DE LEON BLVD.  
#1100  
CORAL GABLES, FL 33134 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SANFORD B. HORWITZ

01/15/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PS ( ) Delete  
Name: ZUCKERMAN, SOL  
Address: 2121 PONCE DE LEON BLVD., #1100  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SOL ZUCKERMAN

PS

01/15/2004

Electronic Signature of Signing Officer or Director

Date