## **ERILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

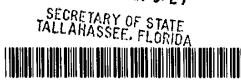
DOCUMENT # P95000031208 (8)

ZOVIR HEARTS INTRO, INC.

Principal Place of Business Mailing Address

FILED

98 APR -3 AM 9: 27



1919-C E ATLANTIC BLVD POMPANO BEACH FL 33062				1919-C E ATLANTIC BLVD POMPANO BEACH FL 33062				DO NOT WRITE IN THIS SPACE					
								3. Date Incorporated or Qualified 04/20/1995					
2.	Principal Place of Busi	noss	2a	. Mailing Address				4. FEI Number		Τ~	Applied For		
21	]			26				65-0576166		ļ	Not Applicable		
22	Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional				
23	City & State			City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
24	Zip	Country 25	7(p Cor			8. This corporation owes of has paid the current year intenglate Personal Property Fax due Juno 30. Yes No					7		
9. Name and Address of Current Registered Agent CORPORATION INFORMATION SERVICES, INC.							10. Name and Address of New Registered Agent						
							Name						
TALLAHASSEE FL 32301						82 Street Address (P.O. Box Number is Not Acceptable)							
						83							
						B4	City		FL	5	Zip Code		
11		sions of Sections 607,0502			les, the at	ονο	-named corpo	pration submits this statement for the pr	urpose of ch	angi	ng its registered		

agent. I an	n familiar with, and accept the obligations of Section 607	.0505, Florida	a Statutes.	poration's board of directors. Thereby accept the appointment as registered
SIGNATURE .				
	Signaturo, typied or printed name of registered agent and little if applicable OFFICERS AND DIRECTORS	(NOTE: Re		required when reinstaling) DATE
12.		ELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
1	RICHARD ELIE	CLUIL		
NAME			1.2 NAME	0000024813800
STREET ADDRESS	1919-C E ATLANTIC BLVD		1.3 STREET ADDRESS	-04/07/9801071018
CITY-ST-ZIP	POMPANO BEACH FL		1.4 CITY - ST - ZIP	-04/07/3301011 010
TITLE	∐ Di	ELETE	2.1 TITLE	****158.75 ******158.75 *******
NAME			2.2 NAME	
STREET ADDRESS			23 STREET ADDRESS	
CITY-ST-ZIP			2. 4 CITY - ST - ZIP	
TITLE	□ D	ELETE	3.1 TOTAE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY+ST-ZIP			3.4. CITY - ST - ZIP	
TITLE	D	ELETE	4 1 111LE	Change Addition
NAME		Ĭ	4.2 NAME	
STREET ADDRESS		ŀ	4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE	DI ()	ELETE	5.1 THE	Change Addition
NAME		1	5.2 NAME	
STREET ADDRESS		ľ	5.3 STREET ADDRESS	
CITY-ST-ZIP			54 CHTY-ST-ZIP	
TITLE	□ D	ELETE	6.1 TITLE	☐ Change ☐ Addition
NAME [			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	( ) )
CITY-ST-7IP			6.4 CiTY - ST - ZIP	

14. Thereby certify that the information supplied with this titing 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 offect as if made under oath, that I am an officer or director of the corporation or the receiver of rustee 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.

CACO 1941-9711