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FILED

May 06 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000033491 (8)

1. Corporation Name  
THE ZELCO CORPORATION

Principal Place of Business  
16281 71ST LANE NORTH  
LOXAHATCHEE FL 33470

Mailing Address  
16281 71ST LANE NORTH  
LOXAHATCHEE FL 33470-3347



2. Principal Place of Business

21 4807 VIA PALM LAKE

2a. Mailing Address

26 P.O. Box 220764

Suite, Apt. #, etc.

22 UNIT #1501

Suite, Apt. #, etc.

27 WEST PALM BEACH FL

City & State

23 WEST PALM BEACH FL

City & State

28 WEST PALM BEACH FL

Zip

24 33417

Country

25 US

Zip

29 33422

Country

30 US

9. Name and Address of Current Registered Agent

WACASTER, ROBERT K  
16281 71ST LANE NORTH  
LOXAHATCHEE FL 33470

3. Date Incorporated or Qualified

05/01/1995

3a. Date of Last Report

07/18/1996

4. FEI Number

65-0560632

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

ROBERT K. WACASTER

82 Street Address (P.O. Box Number is Not Acceptable)

4807 VIA PALM LAKE

83

UNIT #1501

84 City

WEST PALM BEACH FL

85 Zip Code

33417

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

*Robert K. Wacaster*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

4/25/97

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE  
NAME WACASTER, ALLAN C  
STREET ADDRESS 16281 71ST LANE NORTH  
CITY-ST-ZIP LOXAHATCHEE FL 33470

TITLE D ☐ DELETE  
NAME WACASTER, ROBERT K  
STREET ADDRESS 16281 71ST LANE NORTH  
CITY-ST-ZIP LOXAHATCHEE FL 33470

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
DELETE

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME DIRECTOR  
2.3 STREET ADDRESS ROBERT K. WACASTER  
2.4 CITY-ST-ZIP 4807 VIA PALM LAKE - UNIT #1501  
WEST PALM BEACH, FL 33417

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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

*Robert K. Wacaster*

ROBERT K. WACASTER

4/25/97 (111) 684-5788

CR2E034 (9/96)