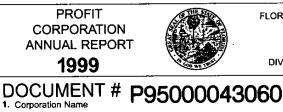
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90110 016 ***150.00

ZEOLI	FINANCIAL,	INC.

Suite, Apt. #, etc.

ZEOLI, SABASTAIN JR **6587 66 AVE NORTH** PINELLAS PARK FL 34665

City & State

22

23 Zip

24

rincipal Place of Business	Mailing Address
13 JACAZANDA AVE	8413 JACAZANDA AVE
MINOLE FL 33777	SEMINOLE FL 33777
;	US

Country

9. Name and Address of Current Registered A

28

DO NOT WRITE IN THIS SPACE

					05/25/1995			
Mailing Address			4. FEI Number		Applied For			
					59-3321032			Not Applicable
Suite, Apt. #, etc.			5.	Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State			6.	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip	70 G	Country			This corporation owes the curred Personal Property Tax.	-	ngible Ye	_
ered Agent			10. Name and Address of New Registered Agent					
		81	Name					
		82	Street Address (P.O. Box Number is Not Acceptable)					
		83	- <u>-</u>			•		
		84	City			FL	85	Zip Code

3. Date Incorporated or Qualifed

Pursuant to the provisions of Sections 607,0502 and 607,1508

office or re	gistered agent, or both, in the State of Florida. Such change was a n familiar with, and accept the obligations of, Section 607.0505. Flo	uthorized by the corpor rida Statutes.	ration's board of directors. I hereby accept the appo	intment as reg	istered		
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE	- Davietared Spent signature rea	puired when reinstation) DATE				
12.	OFFICERS AND DIRECTORS	13.	Tregistated regent agreement indicated with temperature.				
TITLE	P DELETE	1.1 TITLE		Change	Addition		
NAME	ZEOLI, SEBASTIAN JR	1.2 NAME					
STREET ADDRESS	8413 JACAZANDA AVE	1.3 STREET ADDRESS					
CITY-ST-ZIP	SEMINOLE FL	1.4 CITY-ST-ZIP					
TITLE	P DELETE	2.1 TITLE		☐ Change	Addition		
NAME	ZEOLE, JR. S	2.2 NAME					
STREET ADDRESS	8413 JACARANDA AVE	2.3 STREET ADDRESS					
CITY-ST-ZIP	LARGO FL 33777	2.4 CITY-ST-ZIP		·			
TITLE	DELETE	3.1 TITLE		Change	☐ Addition		
NAME [3.2 NAME			l		
STREET ADORESS		3.3 STREET ADDRESS					
CITY-ST-ZIP		3.4. CITY+ST-ZIP					
TITLE	DELETE	4.1 TITLE		Change	Addition		
NAME		4. 2 NAME					
STREET ADORESS		4.3 STREET ADDRESS					
CITY-ST-ZIP		4.4 CITY-ST-ZIP					
TITLE	DELETE	5.1 TITLE		Change	Addition		
NAME		5.2 NAME	•				
STREET ADDRESS	,	5.3 STREET ADDRESS					
CITY-ST-ZIP	and the state of t	5.4 CITY-ST-ZIP	1-10-10-10-10-10-10-10-10-10-10-10-10-10				
TITLE	☐ DELETÉ	6.1 TITLË		☐ Change	Addition		
NAME		6.2 NAME					
STREET ADDRESS		6.3 STREET ADDRESS					
CITY-ST-ZIP	•	6.4 CITY-ST-ZIP					

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, o ess, with all other like empowered.

SIGNATURE