

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER ~~AUGUST 7~~ **AUGUST 7, 1996**.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

APPROVED
A MENA
FILED

61.25

1996 SEP 20 PM 10: 37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **95000053747**

1. Corporation Name

ZERO FLAT INT. CORP

Principal Place of Business

Mailing Address

**1849 S. OCEAN DR. #1408 P.O. BOX 1906
HALLANDALE, FL. 33009 HALLANDALE, FL 33008**

100001968861

-10/09/96--01034--007

*******61.25 *****61.25**

3. Date Incorporated or Qualified

3a. Date of Last Report

7/7/95

7/6/95

4. FEI Number

Applied For

65-0598451

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SOL SPARER
1849 S. OCEAN DR. #1408
HALLANDALE, FL. 33009**

81 Name

SOL SPARER

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

1849 S. OCEAN DR #1408

83

B

84 City

HALLANDALE

FL

85

Zip Code

33009

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

X

SOL SPARER

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

X DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PRES.**
NAME **SOL SPARER**
STREET ADDRESS **1849 S. OCEAN DR #1408**
CITY-ST-ZIP **HALLANDALE, FL. 33009**

☐ DELETE

TITLE ☐ DELETE

NAME

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41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SOL SPARER

Date

954-458-5089

Daytime Phone #

CR2E034 (3/96)