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FILED

Feb 21 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 # P95000063443 (2)

1. Corporation Name
ZERO ONE REALTY, INC.

Principal Place of Business

**709 W. VINE STREET
KISSIMMEE FL 34741**

Mailing Address

**709 W. VINE STREET
KISSIMMEE FL 34741-4188**



2. Principal Place of Business

21 **3501 W. Vine Street**

22 **Suite 354**

City & State

23 **Kissimmee, FL**

Zip

24 **34741**

Country

25 **USA**

2a. Mailing Address

26 **3501 W. Vine Street**

27 **Suite 354**

City & State

28 **Kissimmee, FL**

Zip

29 **34741**

Country

30 **USA**

3. Date Incorporated or Qualified

08/16/1995

3a. Date of Last Report

06/14/1996

4. FEI Number

59-3336012

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

9. Name and Address of Current Registered Agent

**FOUST, KATHLEEN M
17 S. ORLANDO AVENUE
KISSIMMEE FL 34741**

10. Name and Address of New Registered Agent

81 Name

Sharon Willis

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

725 Jaybee Avenue

83

84 City

Davenport

FL

85

33837

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

Sharon Willis

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

(NOTE: Registered Agent signature required when reinstating)

2/16/97

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **AL-ZABEN, ALI**
STREET ADDRESS **4713 ALEXIS STREET**
CITY-ST-ZIP **KISSIMMEE FL 34748**

TITLE **WBS** ☐ DELETE
NAME **WILLIS, THOMAS F**
STREET ADDRESS **709 W. VINE STREET**
CITY-ST-ZIP **KISSIMMEE FL 34741**

TITLE **VTD** ☐ DELETE
NAME **IBBERSON, DAVID**
STREET ADDRESS **709 W. VINE STREET**
CITY-ST-ZIP **KISSIMMEE FL 34741**

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

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/97
Date

407-931-0167
Daytime Phone #

CR2E034 (9/96)