

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

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90030 017 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000069409

1. Corporation Name
ZAND ENTERPRISE, INC.



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/05/1995

4. FEI Number

65-0610082

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 owes the current year Intangible
Personal Property Tax.

☒ Yes ☐ No

Principal Place of Business

Mailing Address

NOVA RD HESS
1695 NOVA RD
HOLLY HILL FL 32017
US

% OWJI, KHOSROW
1766 SENECA BLVD
WINTER SPRINGS FL 32708
US

2. Principal Place of Business

2a. Mailing Address

21 1301 Beville Road

26 Suite, Apt. #, etc.

22 Unit 19

27 Suite, Apt. #, etc.

23 Daytona, Florida

28 City & State

24 32119 25 USA

29 Zip Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLARK, JOHN
911 S. PARSONS AVE.
BRANDON FL 33511

81 Name Marilyn Amendolagine

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

1301 Beville Road

83 Unit 19

84 City Daytona

FL

85 Zip Code 32119

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 Marilyn Amendolagine

2/3/99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME AMENDOLAGINE, MICHAEL
STREET ADDRESS 4536 CLYDE MORRIS BLVD., RM3
CITY-ST-ZIP PORT ORANGE FL 32119

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 1301 Beville Road Unit 19
1.4 CITY-ST-ZIP Daytona, Florida 32119

TITLE DST ☐ DELETE
NAME OWJI, KHOSROW
STREET ADDRESS 1766 SENECA BLVD
CITY-ST-ZIP WINTER SPRINGS FL 32708

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

TITLE DVP ☐ DELETE
NAME OWJI, CAROLYN
STREET ADDRESS 1766 SENECA BLVD.
CITY-ST-ZIP WINTER SPRINGS FL 32708

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

TITLE VPD ☐ DELETE
NAME AMENDOLAGINE, MARILYN
STREET ADDRESS 4536 CLYDE MORRIS BLVD., RM 3
CITY-ST-ZIP PORT ORANGE FL 32119

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS 1301 Beville Road Unit 19
4.4 CITY-ST-ZIP Daytona, Florida 32119

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

14. 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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CAROLYN OWJI 1/28/99 (407) 977-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)