PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

بيهدي سميويا

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

## FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90119 040 \*\*\*150.00

<b>DOCUMENT #</b>	P96000011220
4 Companion Name	. 00000

Z.C.J. IN	VESTMENTS, INC.									;
Odveje al Diene	of Business	Mailing Address			<del> </del>	14 <b>0</b> 01 (18 14110 01111 00116 0		13 <b>00</b> 1 1101 <b>1</b> 14040 1	IBIS 1531 1013	•
Principal Place 1340 ORANGE / WINTER PARK I US	AVE	1340 ORANGE AVE WINTER PARK FL 32789 US				DO NOT WR		SPACE		ļ
					01/26/			<del></del>		١.
2. Principal Pl	ace of Business	2a, Mailing Address			4. FEI Num				hied For Applicable	
21		26	<u> · </u>		59-336	_		\$8.75 A		
Sulte, Apt. i	#, etc.	Suite, Apt. #, etc			5. Certificati	e of Status Desired	, <b>a</b> , ,	Fee Rec		
ZZ City & State	9	City & State			-6. Election	Campaign Financing		-\$5.00	May Bo	
23	•	28			Trust Fu	nd Contribution		Added to	o Fees	ĺ
Zlp	Country	Zip	Country		1	poration owes the cur	rent year int		<b></b>	ĺ
24	25		30			Property Tax.	Dlataand		□No	l
	9. Name and Address of Current	Registered Agent			10, Name at	nd Address of New		Agent		l
con	PER, MARK O			۱۳۷۰ زر	nael	Shad	<u>.er</u>			
	E. ROBINSON STREET		82	Street Addre	ss (P.O. Box N	lumber is Not Accep	tue		,	
	E 865		83	123	<u> </u>	arge 1	TVC_			١.
	ANDO FL 32801							Table 51- 6	N- 4-	1
	1		l L	olly Wi	Nter	<u>Varic</u>	FL	1 127.	<u> </u>	
11. Pursuant office or n agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	and 607.1508, Florida Statute f Florida. Such change was au ons of, Section 607.0505, Flori	s, the above-n thorized by the da Statutes.	amed corpo e corporation	ration submits n's board of dir	this statement for the ectors. I hereby acce	e purpose of opt the appoi	changing its ntment as reg	registered distered	,
SIGNATURE	Signature, typed or plinted name of registered agent	and title if applicable. (NOTE:	Registered Agent su	gnature required	when reinstating)		DATE			8
12.	OFFICERS AND	DIRECTORS	13.			NS/CHANGES TO O	FFICERS AN	ID DIRECTO	RS IN 12	CR2E034 (11/98)
TITLE	PD	☐ DELETE	(1 mile)	7	D5			Change	[] Addition	1 =
NAME	SHADER, BETH E		1.2 NAME	5\	HADER,	BETH E.				엉
STREET ADDRESS	130 ORANGE AVE		1.3 STREET AC	ORESS	·					
CITY-ST-ZIP	WINTER PARK FL 32789	DELETE	1.4 CITY-ST-Z					Change	Addition	5
TITLE	CSD		21 TITLE	) (P	מ	San salest	0	<b>J</b>		
NAME	SHADER, MICHAEL B				hader	MICHAEL	<b>5.</b>			1
STREET ADDRESS	1340 ORANGE AVE		2.3 STREET AD 2.4 CITY-ST-2	- 1						
CITY-ST-ZIP	WITNER PARK FL 32789	DELETE	3.1 TITLE					☐ Change	Addition	'
TITLE			3.2 NAME							
STREET ADDRESS			3.3 STREET AC	XXXESS						_
CTY-ST-ZIP		_	3.4. CITY-ST-Z	2P						1
TITLE		☐ DELETE	4.1 TITLE					Change	Addition	1
NAME			4. 2 NAME	[			•	•		
STREET ADDRESS			4.3 STREET AD	ORESS						٠.
CITY-ST-ZIP			4.4 CITY-ST-Z	P		· · · · · ·		Change	Addition	,
TITLE		☐ DELETE	5.1 TITLE					F1 cuendo	L. AUGUS	'
NAME			5.2 NAME	marce						
STREET ADDRESS			5.3 STREET AD							i
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZI		· · · · · · · · · · · · · · · · · · ·			☐ Change	☐ Addition	
TITLE			6.2 NAME						_	
NAME STREET ADDRESS			6.3 STREET AD	DORESS					•	
SINCE I ADDRESS	1		GACTIV.ST. 7	i i						l

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 all attachaged with an address, with all other like empowered.

SIGNATURE:

SANTOSIDE REQUIRED E. Shader 3-11-99 AD-GA7-6776

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