

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
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90005 031 ***150.00

DOCUMENT # P96000051600

1. Corporation Name
ZETCOM, INC.

Principal Place of Business

3741 N.E. 163RD ST.
#302
N MIAMI BEACH FL 33160

Mailing Address

275 E. OAKLAND PARK BLVD
#302
FT. LAUDERDALE FL 33334
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/17/1996

4. FEI Number

65-0675791

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21. MOTTER, ROBERT E

Suite, Apt. #, etc.

22. 3741 NE 163 RD ST #302

City & State

23. N. MIAMI Beach FL

Zip

Country

24. 33160

25.

2a. Mailing Address

26. Motter, Robert E.

Suite, Apt. #, etc.

27. 3741 NE 163 RD ST #302

City & State

28. N. MIAMI Beach FL

Zip

Country

29. 33160

30.

9. Name and Address of Current Registered Agent

BLOCK, M
275 E OAKLAND BLVD
FT LAUD FL 33334

10. Name and Address of New Registered Agent

81. Name

Motter Robert E.

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

3741 NE 163 RD ST #302

83.

84. City
N. MIAMI Beach FL

85. Zip Code

33160

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

3/4/99

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
D
MOTTER, ROBERT E
STREET ADDRESS
3741 N.E. 163RD ST. #302
CITY-ST-ZIP
N MIAMI BEACH FL 33160

TITLE ☐ DELETE

NAME
VP
BLOCK, MICHAEL
STREET ADDRESS
275 E. OAKLAND PARK BLVD
CITY-ST-ZIP
FT. LAUDERDALE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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: X

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/99

Date

305-940-3773

Daytime Phone #

CR2E034 (1/98)

0311996