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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # P96000061868 (1)

ZIRBERT INVESTMENT CORP.

Principal Place of Business Mailing Address 600 WEST HILLSBORD BLVD 600 WEST HILLSBORO BLVD SUITE 510 SUITE 510 DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441-1611 3. Date Incorporated or Qualified 3a. Date of Last Report 07/23/1996 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For 65-0709399 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing П Added to Fees 23 28 Trust Fund Contribution Country Ζφ Country Zip 8. This corporation has liability for intangible tax under s. 199.032, ☐ Yes ☐ No 29 Florida Statutes 25 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name HASIS, THOMAS A 4081 N FEDERAL HIGHWAY Street Address (P.O. Box Number is Not Acceptable) SUITE 110 83 POMPANO BEACH FL 33064 84 Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) 12 13. ☐ Addition DELETE Change 1.1 TITLE TITLE n NAME PLASIS, THOMAS A 1.2 NAME 4081 N FEDERAL HIGHWAY STE 110 1.3 STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33064 1.4 CITY-ST-ZIP CITY-\$1-2# DELETE Change Addition 2.1 TITLE TITLE NAME 22 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST - ZIP CITY - ST- 2IF Change Addition ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME

14. I do hereby certify that the information supplied with this filling 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.

5.3 STREET ADDRESS

6.9 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

CITY-ST-ZIP

TITLE

NAME

ONATURE AND VPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

3/3/58 Date

Daytime Phone #

Change

Addition

**FILED** 

May 13 1997 8:00am

Secretary of State