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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000072597 (3) **DOCUMENT #**

ZAPSERVIS U.S.A., INC.

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Principal Place of Business Mailing Address **2001 E. OAKLAND PARK BLVD** 2601 E. OAKLAND PARK BLVD. FORT LAUDERDALE FL 33306 FORT LAUDERDALE FL 33306 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/30/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0690904 21 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be Election Campaign Financing Trust Fund Contribution 23 Added to Fees 28 Zip Country Žip Country 8. This corporation owes or has paid the current pear Intangible 24 □ No 30 Personal Property Tax due June 30. 9, Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 LARRY J. BEHAR, P.A. 888 S.E. THIRD AVENUE 82 FORT LAUDERDALE FL 33316 83 84 11. Pursuant to the provisions of Sections 602,6502 and 607,1598, Florida Statutes, the above-named corporation submits this office or registered about, or both, in \$15. State of Florida, 30ch change was authorized by the corporation's board of direct agent. I am familiar with \$150 accept the subgations of \$150.0505, Florida Statutes. statement for the purpose of chang tors. Thereby accept the appointme SIGNATURE (NOTE: Registered Agent signature required when reinstating) S AND DIRECTORS ADDITIONS/CHANGES TO OFFICE 12. 13. S AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE ézkorovainy, e**v**geny i NAME 1,2 NAME 2601 E. OAKLAND PARK BLVD., SUITE 602 STREET ADDRESS 1.3 STREET ADDRESS **FORT LAUDERDALE FL 33306** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition Change TITLE 2.1 TITLE NAME 22 NAME

5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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3.4. CITY-ST-ZIP

2.4 CITY - ST-ZIP

3.1 TITLE 3.2 NAME

4.1 TITLE

4 2 NAME

5 1 TITLE

DELETE

DELETE

DELETE

14. Thereby certify that the information supplied with Indicated on this annual report or supplemental officer or director of the corporation or the receive Block 12 or Block 13 if granged or of an algeb not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

6.4 CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADORESS CITY-ST-ZIP

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

CITY-ST-ZIP

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Change

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FILED

Apr 22 1998 8:00am

Secretary of State