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

DOCUMENT # **P96000085636**

1. Corporation Name

ZOE ENTERPRISES INC.

Principal Place of Business	Mailing Address					
6011 N.W. 201 LANE MIAMI FL 33015	6011 N.W. 201 LANE MIAMI FL 33015					
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FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90257 014 ***150.00



6011 N.W. 201 LANE MIAMI FL 33015	6011 N.W. 201 LANE MIAMI FL 33015		DO NOT WRITE IN THIS SPACE			
	e i i e		3. Date Incorporated or Qualified 10/16/1996	*. ' \		
2. Principal Place of Business	2a. Mailing Address 26		4. FEI Number 65-0711959	Applied For Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Country	Zip Cou 29 30	untry	This corporation owes the current year Intal Personal Property Tax.	ngible □Yes □No		
9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registered A	gent		
HADLEY, PATRICK E		81 Name				
6011 N.W. 201 LANE		82 Street Address (P.O. Box Number is Not Acceptable)				
MIAMI FL 33015		83				
		84 City	FL	85 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. (NO	TE: Registered Agent signature re	quired when reinstating)	<u> </u>	DATE	····				
12.	OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I									
TITLE	D DELETE	1.1 TITLE			☐ Change	☐ Addition				
NAME	HADLEY, PATRICK E	1.2 NAME								
STREET ADDRESS	6011 N.W. 201 LANE	1.3 STREET ADDRESS				ļ				
CITY-ST-ZIP	MIAMI FL 33015	1,4 CITY-ST-ZIP								
TITLE	D DELETE	2.1 TTTLE			Change	☐ Addition				
NAME	HADLEY, CYNTHIA D	2.2 NAME								
STREET ADDRESS	6011 N.W. 201 LANE	2.3 STREET ADDRESS			•					
CITY-ST-ZIP	MIAMI FL 33015	2. 4 CITY-ST-ZIP								
TITLE	☐ DELETE	3.1 TITLE			Change	☐ Addition				
NAME	•	3.2 NAME								
STREET ADDRESS		3.3 STREET ADDRESS								
CITY-ST-ZIP		3.4. CITY-ST-ZIP								
TITLE	DELETE	4.1 TITLE			☐ Change	Addition				
NAME	As a	4.2 NAME								
STREET ADDRESS		4.3 STREET ADDRESS								
CITY-ST-ZIP		4.4 CITY-ST-ZIP		-						
TITLE	DELETE	5.1 TITLE			Change	☐ Addition				
NAME		5.2 NAME			•					
STREET ADDRESS		5.3 STREET ADDRESS				ļ				
CITY-ST-ZIP		5.4 CITY-ST-ZIP								
TITLE	☐ DELETE	6.1 TITLE			☐ Change	☐ Addition				
NAME		6.2 NAME								
STREET ADDRESS		6.3 STREET ADDRESS								
CITY-ST-ZIP		6.4 CITY-ST-ZIP		<u> </u>	E 41					

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: