

2-18-97 B-2067 C  
 FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
 Feb 18 1997 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000086484 (8)**  
 1. Corporation Name  
**ZAKERI CONSTRUCTION, INC.**



Principal Place of Business <b>631 HIBISCUS DR SATELLITE BEACH FL 32937</b>	Mailing Address <b>631 HIBISCUS DR SATELLITE BEACH FL 32937-2511</b>
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3. Date Incorporated or Qualified <b>10/18/1996</b>	3a. Date of Last Report
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2. Principal Place of Business 21 <b>560 Nightingale dr.</b> Suite, Apt. #, etc. 22 <b>Indialantic, Florida</b> City & State 23 <b>32903 Brevard</b> Zip Country	2a. Mailing Address 26 <b>P.O. Box 33393</b> Suite, Apt. #, etc. 27 <b>Indialantic, Florida</b> City & State 28 <b>32903 Brevard</b> Zip Country
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4. FEI Number <b>59-3411427</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent  
**JACOBY, DAVID H  
 1581 ROBERT J. COLAN BLVD NE  
 SUITE 100  
 PALM BAY FL 32905**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City <b>FL</b> 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-issuing) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>DPTS</b>	<input type="checkbox"/> DELETE
NAME	<b>ZAKERI, MOHSEN M</b>	
STREET ADDRESS	<b>631 HIBISCUS DR</b>	
CITY-ST-ZIP	<b>SATELLITE BEACH FL 32937</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>560 nightingale dr.</b>
1.4 CITY-ST-ZIP	<b>Indialantic, Florida 32903</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Mohsen M. Zakeri* 2/13/97 (407) 536-5281

CR2E034 (9/96)