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**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000018261

1. Corporation Name

SONZAK INVESTMENTS INCORPORATED

Principal Place of Business			Mailing Address		_					-		<b>))                                   </b>		1 15010 1	#
4270 S.W. 82ND WAY DAVIE FL 33328		P O BOX 291864 FT LAUDERDALE FL 33329 US						DO NO	T WRIT	F IN TH	HIS SPACE				
			US					3. Da	te Incorpo	orated or Q					
								02	2/26/199	97					
2. Principal Pl	lace of Business		2a. Mailing Addre	ess				1	l Nι mber					+ • •	lied For
21			26					65	<u> -07311</u>	24			<b>C</b> C		Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Ce	rtifc ate of	Status De	sired			/ ⊃ A e Red	iditional uired
City & State			City & State					6 Fle	ection Car	πpaign Fina	ancınd				May Be
23			28							Contribution				ded to	
Zip	Cou	r try	Zip		Country	y		8. Th	is corpora	tion owes	the curre	ent year	ntangible		
24	25		29		30					operty Tax.			Yes		No
	9. Name and Ad	dress of Current	Registered Agent		81	T		10. Na	me and	Address o	f New R	legister	<u>ed Agent</u>		
КНИ	LEEL, ESAU				01	Na	ame								
	S.W. 82ND WAY				82	St	reet Ac d	ress (P.O.	Box Num	ber is Not	Accepta	ble)		-	
	E FL 33328				83	1									
					84	I C	ty					F	EL  85	Zip C	ode
						1	<del></del> -	noration su	hmi:e this	etatement	7 11	****	of changi	ng its r	egistered
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office cirre agent. I a	egistered agent, or h	n hin the State d	f Florida. Such chang ons of, Section 607.0	e was at	uthorized by	the:	med ccrp corporati	ion's board	of directo	ors. I hereb	for the y accep	t the ap	r ointment	as reg	stered
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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 or derivation of the corporation or the receiver or trustee empowered to execute this report as recuired 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.

6.4 CITY-ST-ZIP

SIGNATURE:

954-970-5789