## FILE 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

P97000040322 (4) DOCUMENT #

ZIGGY ASSOCIATES, INC.

Principal Place of Business

11878 BANYON ST.

Block 12 or Block 13 if char

Mailing Address

achment with an address

11878 BANYON ST

## **FILED** Apr 28 1998 8:00am Secretary of State



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PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/06/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the cyrrent year Intangible Personal Property Tax due June 30. 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET . Box Number is No. Acceptable) ß2 TALLAHASSEE FL 32301-2525 В3 84 CityAlm gions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered jient, 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 with any occuping the obligations of Section 607.0505. Florida Statutes. 11. Pursuant to the pro **SIGNATURE** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. resident □ DELETE ☐ Change Addition TITLE 11 TITU PAUL Vota 12 NAME NAME STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 14 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE NAME 2 2 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5.1 TITLE Addition NAME **5.2 NAME** STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Change DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST- ZIP 14. I hereby certify that the informational indicated on this annual report of officer or director of the corporat upplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

pplemental amoual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an or the regular or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in