

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P97000043803**

1. Corporation Name

**ZERO SPIKES CORP.**

Principal Place of Business  
**1003 E NEWPORT CENTER DR  
DEERFIELD BEACH FL 33442  
US**

Mailing Address  
**1003 E NEWPORT CENTER DR  
DEERFIELD BEACH FL 33442  
US**

**FILED**  
**Jul 19, 1999 8:00 am**  
**Secretary of State**

07-19-1999 90011 026 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/12/1997**

4. FEI Number

**65-0794789**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year  
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RYAN, SHAWN P**

~~3620 PARK CENTRAL BOULEVARD NORTH~~ **1003 E. NEWPORT**  
~~POMPANO BEACH FL 33064~~ **CENTER DR.**

**DEERFIELD BEACH FL  
33442**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**7/12/99**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE  
NAME **RYAN, SHAWN P**  
STREET ADDRESS **2370 N.E. 26TH STREET**  
CITY-ST-ZIP **LIGHTHOUSE POINT FL 33064**

TITLE **D** ☐ DELETE  
NAME **RUIZ, MARTIN**  
STREET ADDRESS **5525 GARDEN AVENUE**  
CITY-ST-ZIP **WEST PALM BEACH FL 33405**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/12/99**

**954 283-5800**

Date

Daytime Phone #

CR2E034 (5/99)

0075417

Zero Spikes Corp.  
1003 E. Newport Center Dr.  
Deerfield Beach, Fl. 33442  
(954) 283-5800

PA7000043803  
590570-90011-26

July 12, 1999

Annual Reports Filings  
Division of Corporations  
PO Box 6327  
Tallahassee, Fl. 32314

Dear Sir,

Enclosed please find our 1999 Annual Report renewal. Please be advised that we did not receive the first notification. Had we received it, our renewal would have been made on a timely basis.

We kindly ask for a waiver of the \$400 late fee. Our check for \$150 is enclosed. If you need any additional information please don't hesitate to contact me.

Thank you for your assistance on this matter.

Sincerely,



Howard Kosoy  
Chief Financial Officer