

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ANNUAL REPORT		FLORIDA DEPARTMENT OF STATE	
1999		Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000076281			
1. Corporation Name ZOLTAR ENTERPRISES, INC.			
Principal Place of Business 303 S. ANDREWS AVE FT. LAUDERDALE FL 33301 US		Mailing Address 20013 NORTHEAST 6TH COURT CIRCLE NORTH MIAMI BEACH FL 33179 303 S. ANDREWS AVE FT. LAUDERDALE, FL 33301	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
		33301 US	
		303 S. ANDREWS AVE	
		FT. LAUDERDALE, FL	
		33301	
		US	
4. Date Incorporated or Qualified To Do Business in Florida 09/03/1997			
5. FEI Number 65-0781053			
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	NOSSE, JAMES J	20013 NORTHEAST 6TH COURT CIRCLE	NORTH MIAMI BEACH FL 33179
			500003079785--1
			12/23/99--01077--012
			***150.00 ***150.00
THIS IS THE 1999 ANNUAL REPORT.			
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
LOOMAR, L. GREGORY ESQ 4452 NORTH UNIVERSITY DRIVE PEMBROKE PINES FL 33024		Name Jay Shapiro, CPA Street Address (P.O. Box Number is Not Acceptable) 1625 N. Commerce Pkwy. Suite, Apt. #, Etc. Ste. 225 City Weston State FL Zip Code 33326	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.			
Signature of Registered Agent		Date	
[Signature]		12/6/99	
11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.			
SIGNATURE: [Signature] REQUIRED			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
12/7/99 (950) 467-1543			

December 6, 1999

Division of Corporation
P.O. BOX 6327
Tallahassee, FL 32314

Attn: Buck Kohr:

Dear Sir:

This is to inform you ZOLTAR ENTERPRISES, INC. never received the 1999 Annual Report. Nor did we receive the 1st or 2nd notices. Only notification received was the Final Notice.

Please waive any penalties due. Attached is the reinstatement form and Check for \$150.00.

All correspondence should be sent to the business address-
303 S. Andrews Ave
Ft Lauderdale, FL 33301
954 467 1543

I am thanking you in advance for your assistance with the matter.

Charlene Nosse
Charlene Nosse.
954-467-1543

Buck -
Attached letter
for our conversation
along with Check - -
Also a copy of a
letter from the
Florida Lottery - -
Please handle with
~~JUDITH BARKS~~ - THK
(OVER) CHARLENE NOSSE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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