PROFIT · CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000086354

ZEITGEIST LIMITED, INC. Principal Place of Business -Mailing Address C/O 1054 KANE CONCOURSE C/O 1054 KANE CONCOURSE BAY HARBOR ISLANDS FL 33154 BAY HARBOR ISLANDS FL 33154 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 10/06/1997 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number FOR 65-078502 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Sui e, Apt. #, etc. 5. Certificate of Status Desired П Fee Required 27 22 \$5.00 May.Be City & State City & State 6. Election Campaign Financing. Added to Fees Trust Fund Contribution Zip Country 8. This corporation owes the current year Intangible Ζip Country □ No Personal Property Tax. Yes 25 29 30 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 81 SAWH, SALLY N Street Address (P.O. Box Number is Not Acceptable) C/O 1054 KANE CONCOURSE BAY HARBOR ISLANDS FL 33154 Zip Code 84 City 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 appricat ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change **Z** QELETE 1.1 TITLE cresident TIME 1.2 NAME SALLY N SAWH NAME 1.3 STREET ADDRESS 1054 KANE CONCOURSE STREET ADDRESS 0/0 BAY HARBOR ISLANDS FL 33154 1.4 CITY-ST-ZIP CITY-ST-ZIF Addition Change ☐ DELETE 2.1 TITLE TITLE 2.2 NAME NAME 23 STREET ADDRESS STREET ADDRESS 2.4 City-ST-ZIP CITY-ST-ZF Change ☐ Addition DELETE 31 TITLE TITLE 32 NAME NAME 3.3 STREET ADDRESS 34. CITY - ST-ZIP CITY-ST-ZIP ☐ Ad Jilion Change ☐ DELETE 4.1 TIRE MUE 4 2 NAME 4.3 STREET ADORESS STREET ADDRESS 4.4 CITY-ST-ZIP פני.-זד-יער Change Admition DELETE mre 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS

I hereby certify that the information supplied with this filling does not qualify to 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 tryle 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 ceceiver or trustee employered 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 or an attachment with an address, with al other like empowered.

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

8.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

CITY-ST-::P

STREET ADDRESS

CITY-ST-20P

TITLE

NAME

□ DELETE

31

ŧ,

1

Change

☐ Addition

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90027 031 ***150.00