## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000088437 (3)

## **ZEEBS INCORPORATED**

## **FILED** Apr 30 1998 8:00am Secretary of State



Principal Place of Business			ig Address			
20513 SOUTH	WEST 52ND MANOR	2051	20513 SOUTHWEST 52ND MANOR FY LAUDERDALE FL 33332			
FT LAUDERDA	NLE FL 33332	FT L				DO NOT WOLLE IN THIS SDACE
						DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified
						·
<b>A D</b>	lace of Business		. Here and A statement and			10/14/1997
	IACE OF BUSINESS	. Fr i	2a. Mailing Address			4. FEI Number Applied For
21	4 -4-	· · - +	26			Not Applicable
Sulte, Apt.	#, <b>9</b> IC.	F	Suite, Apt #, etc.			5. Certificate of Status Desired S8.75 Additional
22		[27]				Fee Required
City & State	9	1 1	City & State			6. Election Campaign Financing \$5.00 May Be
23		[28]				Trust Fund Contribution L Added to Fees
Zip	Country	Z 1	p	Countr	У	8. This corporation owes or has paid the current year Intangible
24	[25]	[29]		30		Personal Property Tax due June 30. Yes No
	9. Name and Address of Curre	nt Hegister	ed Agent	81	T 35	10. Name and Address of New Registered Agent
	ERILAWYER			[81	Name	
	ALMERIA AVENUE				32 Street Address (P.O. Box Number is Not Acceptable)	
C0	RAL GABLES FL 33134				↓	
				B3	1	
				84	City	85 Zip Code
					City	FL   S   Z   COUG
11. Pursuant t	to the provisions of Sections 607.050	12 and 607.	1508, Florida <b>Sta</b> tuti	es, the abov	re-named	corporation submits this statement for the purpose of changing its registered
office of re	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida Jatians of, Si	Such change was a action 607.0505. Fla	authorized b orida Statute	y the corp is	poraltion's board of directors. I hereby accept the appointment as registered
			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-	
SIGNATURE	Signature, typed to printee name of respite red co-	es a who tile if up	galzable (NOT)	Registered Ag	ent signature	required when reinstating) DATE
12.	OFFICERS AN	O DIRECTO	ors	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSD		☐ DELETE	1 1 TITLE	Ì	☐ Change ☐ Addition
NAME	HORTON, ZONA G			12 NAME		
STREET ADDRESS	20513 SOUTHWEST 52ND M	anor		1.3 STHEE	1 ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33332			1.4 CiTY -	ST-ZIP	
TITLE			DELETE	2 1 HTLE		Change Addition
NAME				2.2 NAME	1	
STREET ADDRESS				2.3 STREE	LADORESS	
CITY+ST-ZIP				2 4 CHTY-	I	
TITLE			DELETE	3 1 TITLE	7	Change Addition
NAME				3 2 NAME	1	
					1 ADDRESS	
STREET ADDRESS					1	
CITY-ST-ZIP TITLE			DELETE	3.4 CITY- 4.1 TITLE	31-71	☐ Change ☐ Addilion
			L_/ DECEME	1		Change Change
NAME				4. 2 NAME	- 1	
STREET ADDRESS					1 ADDRESS	
CITY-ST-ZIP			STIESTE STIESTE	4.4 CHY-	ST - ZIP	☐ Change ☐ Addition
TITLE			DELETE	5 1 TITLE	ĺ	Change Addition
NAME				5.2 NAME		1 1/20
STREET ADDRESS				1	T ADDRESS	)
CITY-ST-ZIP				5.4 CITY - 1	ST-7(P	
TITLE			DELETE	6.17(1).8	. ]	30000250743 <sup>3</sup> hange Addition
NAME				6.2 NAME	. }	-05/01/9801037015
STREET ADDRESS				6.3 STREE	ADDRESS	300002507435 hange ☐ Addition -05/01/3801037015 ***150.00
CITY-ST-ZIP				64 CITY-:	\$1 · 7IP	

14. Thereby 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 award report is true and accurate and that my signature shall have the same logal 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.