


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

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Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90225 027 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000035324

1. Corporation Name
ZAHN BUILDERS FLORIDA, INC.

Principal Place of Business 868 NW 42ND PLACE POMPANO BCH FL 33064	Mailing Address 868 NW 42ND PLACE POMPANO BCH FL 33064
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 750 E SAMPLE RD Suite, Apt. #, etc. 22 BLDG 1 SUITE 8 City & State 23 POMPANO BEACH Zip 24 33064		2a. Mailing Address 26 750 E SAMPLE RD Suite, Apt. #, etc. 27 BLDG 1 SUITE 8 City & State 28 POMPANO BEACH Zip 29 33064		3. Date Incorporated or Qualified 04/16/1998	
		4. FEI Number 65-0824182		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent ZAHN, ROGER C 868 NW 42ND PLACE POMPANO BCH FL 33064		10. Name and Address of New Registered Agent 81 Name ROGER C ZAHN 82 Street Address (P.O. Box Number is Not Acceptable) 750 E. SAMPLE RD. 83 BLDG 1 SUITE 8 84 City POMPANO BEACH FL 85 Zip Code 33064	
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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 *Roger Zahn* **ROGER C ZAHN PRES** DATE **2/15/99**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAHN, ROGER C	1.2 NAME	
STREET ADDRESS	5150 NE 31ST AVE.	1.3 STREET ADDRESS	750 E SAMPLE RD. BLDG 1 SUITE 8
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	1.4 CITY-ST-ZIP	POMPANO BEACH FL 33064
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAHN, ROGER C JR.	2.2 NAME	
STREET ADDRESS	863 NW 42ND PLACE	2.3 STREET ADDRESS	750 E SAMPLE RD BLDG 1 SUITE 8
CITY-ST-ZIP	POMPANO BCH FL 33064	2.4 CITY-ST-ZIP	POMPANO BEACH FL 33064
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *Roger Zahn* **ROGER C ZAHN PRES** DATE **2/15/99** DAYTIME PHONE # **954-786-0528**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E834 (11/98)