

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

04-21-1999 041 150.00
P98000043593

02 JULY 28 11:11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1999

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



DOCUMENT # P98000043593

1. Corporation Name
ZALTECK INC.

Principal Place of Business
P.O. BOX 616886
ORLANDO FL 32861-6886

Mailing Address
P.O. BOX 616886
ORLANDO FL 32861-6886



04-21-1999 90148 041 X 150.00
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

3. Date Incorporated or Qualified	4. FEI Number	Applied For
05/11/1998	59-3517682	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 Tax.	☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

DOSSA, ZUL
5578 NORTH ORANGE BLOSSOM TRAIL
ORLANDO FL 32810

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ DATE _____
(NOTE: Registered Agent signatures required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ZUL DOSSA ☐ DELETE	1.1 TITLE	PRESIDENT ☐ Change ☐ Addition
NAME	5578 N. ORANGE BLOSSOM TRAIL	1.2 NAME	
STREET ADDRESS	ORLANDO, FL. 32810	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	YASMIN DOSSA ☐ DELETE	2.1 TITLE	SECRETARY/VP ☐ Change ☐ Addition
NAME	5578 NORTH ORANGE BLOSSOM TRAIL	2.2 NAME	
STREET ADDRESS	ORLANDO, FL. 32810	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ 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)(f), 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 or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE OF REGISTERED AGENT DATE: 4/17/99 DAYTIME PHONE: 924-5820