

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
May 01, 1999 8:00 am  
Secretary of State

05-01-1999 90073 013 \*\*\*150.00

DOCUMENT # P98000081016

1. Corporation Name

ZAKARIYA, INCORPORATED

Principal Place of Business

431 EAST CENTRAL BOULEVARD #808  
ORLANDO FL 32808

Mailing Address

431 EAST CENTRAL BOULEVARD #808  
ORLANDO FL 32808

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/17/1998

4. FEI Number

59-3536770

Applied For

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

2. Principal Place of Business

21 3501 W. Vine St.

Suite, Apt. #, etc.

22 Suite 105

City & State

23 Kissimmee, FL

Zip

24 34741

Country

2a. Mailing Address

26 3501 W. Vine St.

Suite, Apt. #, etc.

27 Suite 105

City & State

28 Kissimmee, FL

Zip

29 34741

Country

30

9. Name and Address of Current Registered Agent

LAZRAC, ADNANE

431 EAST CENTRAL BOULEVARD #808  
ORLANDO FL 32808

10. Name and Address of New Registered Agent

81 Name

Lazrak, Adnane

82 Street Address (P.O. Box Number is Not Acceptable)

400 E. Colonial Dr.

83

Suite 108

84 City

Orlando

FL

85 Zip Code

32803

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 applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD ☐ DELETE

NAME LAZRAC, ADNANE

STREET ADDRESS 431 EAST CENTRAL BOULEVARD #808

CITY-ST-ZIP ORLANDO FL 32808

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PSTD ☒ Change ☐ Addition

1.2 NAME LAZRAC, Adnane

1.3 STREET ADDRESS 400 E. Colonial Drive, Suite 108

1.4 CITY-ST-ZIP Orlando, FL 32803

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

SIGNATURE REQUIRED

Date

Daytime Phone #

CR2E034 (11/98)