

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

DOCUMENT # **P98000101861**  
1. Corporation Name  
**ZELGIN, INC.**

Principal Place of Business  
**3556 NW 12 AVE**  
**FT. LAUDERDALE FL 33334**

Mailing Address  
**3556 NW 12 AVE**  
**FT. LAUDERDALE FL 33334**

**FILED**  
**Jul 20, 1999 8:00 am**  
**Secretary of State**

07-20-1999 90009 033 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**12/03/1998**

4. FEI Number  
**65-0893009**

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. ☐ Yes ☒ No

2. Principal Place of Business  
21 **3556 NE 12 AVE**  
Suite, Apt. #, etc.

22 City & State  
23 **FL 33334**

24 Zip  
25 Country

2a. Mailing Address  
26 **3556 NE 12 AVE**  
Suite, Apt. #, etc.

27 City & State  
28 **FL LAUD FL 33334**

29 Zip  
30 Country

9. Name and Address of Current Registered Agent

**FEREL, SEAN**  
**3556 NW 12 AVE**  
**FT. LAUDERDALE FL 33334**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**3556 NE 12 AVE**  
83  
84 City  
**FL LAUD** 85 Zip Code  
**FL 33334**

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 Sean Ferel Sean Ferel DATE 7-7-99  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE **DPT** ☐ DELETE  
NAME **FEREL, SEAN**  
STREET ADDRESS **3556 NW 12 AVE**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33334**

TITLE **VPD** ☐ DELETE  
NAME **DOLE, LANE**  
STREET ADDRESS **3556 NW 12 AVE**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33334**

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 ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS **3556 NE 12 AVE**  
1.4 CITY-ST-ZIP **FL LAUD FL 33334**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS **3556 NE 12 AVE**  
2.4 CITY-ST-ZIP **FL LAUD FL 33334**

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.

SIGNATURE: Sean Ferel DATE 7-7-99 (954) 568-9788

CR2E034 (5/99)

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