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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S08393

(8)

ZAKI OF TYRONE, INC.

Principal Place of Business

Mailing Address

621 MONTE CRISTO BLVD.

621 MONTE CRISTO BLVD.

**FILED** May 08 1997 8:00am Secretary of State

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TIERRA VERDE FL 33715		TIERRA VERDE FL 33715-2008									
							Date Incorporated or Qualified 10/22/1990		te of La 26/198		oort
2. Principal Pl	lace of Business	2a. Mailing Address				4,	FEI Number	. <del>1</del>		App	lied For
21		26				59-3033197				Not Applicable	
Suite. Apt.	#, etc	Suite, Apt. #, etc.				5.	Certificate of Status Desired	×		75 Ad e Req	lditional ulred
City & State	ė	City & State	•			l l	Election Campaign Financing Trust Fund Contribution			.00 N ded to	
Z <sub>i</sub> p	Country	Zip	Cour	ntry		8.	This corporation has liability for i	intangible	tax und	der s. 1	99.032,
24	25	29	30					Yes [			
	9. Name and Address of Curre	nt Registered Agent			<del></del>	10.	Name and Address of New Re	gistered A	Agent		
	, ATEF		l'	61	Name						
	MONTE CRISTO BLVD.		ļī	82	Street Addre	ess (P.	O. Box Number is Not Acceptab	ile)	•		
TIEA	RA VERDE FL 33715		I.	B3	<del></del>						
				D3							
			Ţ	64	City			FL	85	Zip Co	ode
11 Pureuput	to the provisions of Sections 607.050	12 and 607 1508. Florida State	utes the sh	0//8	a named corn	oration	submits this statement for the n		channi	ing its	registered
office or ri agent I a	registered agent, or both, in the State or familiar with, and accept the oblig	e of Florida. Such change was pations of, Section 607.0505, I	s authorized Florida Statu	by	the corporati	ion's b	oard of directors. I hereby acces	of the app	ointmen	nt as re	gistered
SIGNATURE				-,		<del>-:</del>			<b></b>		
12.	Signature, typed or printed name of registered ag	PRI and little if applicable INC ID DIRECTORS	13.	Age	ent signature require		reinslating) (DDITIONS/CHANGES TO OFFIC	DATE SERS AND	DIREC	TORS	IN 12
TOLE	PDRA	DELETE	1.1 1(1)				CONTROL TO OFFIC	ZETIO ATTE	Cha		Addition
NAME	ZAKI, ATEF	bund Fund	1.2 NA		1						
STREET ADDRESS	621 MONTE CRISTO BLVD.				ADDRESS						
CITY-ST-7IP	TIERRA VERDE FL 33715		1.4 CIT								
TILE	D	DELETE	2.1 TITI		1-811		······································		Cha	nge	Addition
NAME	ZAKI, SHERINE		2.2 NAI	ME							
STREET ADDRESS	621 MONTE CRISTO BLVD.		1		ADDRESS						
C(TY - ST - ZIP	TIERRA VERDE FL 33715		2. 4 CII								
TITLE		DELETE	3.1 TITI		<del></del>		**		Cha	nge	☐ Addition
NAMÉ			3.2 NAI	ME							
STREET ADDRESS			3.3 STF	HEET	ADDRESS						
CITY - S1 - ZIP			3.4. Ci1	TY-S	SF-ZIP						
TITLE		DELETE	4.1 TiTi	LE					☐ Cha	nge	Addition
NAME			4. 2 NA	ME							
STREET ADDRESS			4.3 STF	REET	ADDRESS						
C+TY+ST+ZIP			4.4 CIT	Y-\$	5T - ZIP						
TITLE		☐ DELETE	5 1 TIT	LE					Cha	inge	Addition
NAME			5.2 NAI	MÊ							
STREET ADDRESS			5.3 STF	REET	ADDRESS						
City-St ZiP	·		5.4 GIT	Y-\$	IT-ZIP						-
TALE		☐ DELETE	6.1 TIT	LE					☐ Cha	ınge	Addition
NAME			6.2 NA	ME							
STREET ADDRESS			6.3 STF	REET	T ADDRESS						
CITY+ST-ZIP			6.4 CIT			<del>,,,</del>					
44 Loto borol	by cortily that the information cumply	ad with this files does not own	alify for the	~~~	umntion otator	d in Co.	otion 110 07/2\/i) Elocida Statuta	e I fruetha	e cortifu	Inaith	30

I do 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.

4-29-97 (813)527-1223