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PROFIT CORPORATION ANNUAL REPORT 1998 DOCUMENT #



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(9)

## **FILED** May 06 1998 8:00am Secretary of State

	ZEUTIC SERVICES OF AMI	LINOA, INO.					
Principal Place	of Business	Mailing Address			<u> </u>	at elett 84911 81814 818	HE <b>Pipis Bibis 1001</b>
2454 MICHIGA		2454 MICHIGAN ST					
ORLANDO FL 32806 ORLANDO FL 32806					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	E IN THIS SPACE	
					12/20/1990		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			59-3040547		Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.	75 Additional
22		27			6, Certificate of Status Desired		ee Required
City & State	9	City & State			6. Election Campaign Financing		.00 May Be
23		28			Trust Fund Contribution		ided to Fees
Zip	Country	Zip	Count	ry	8. This corporation owes or has p		ar Intangible
24	25 25 Name and Address of Curre	nt Registered Agent	30		Personal Property Tax due June 10. Name and Address of New Ro		L] INO
DAL		III TABIATOIAN MARIN	8	1 Name	10, FIGURE AND MUDIEDS OF HEW PI	Section of Whelit	
	YKS, KIRK 4 E. MICHIGAN ST.		L				
	LANDO FL 32806		8	2 Street Add	ress (P.O. Box Number is Not Accepta	ble)	
ON	DANDO PE S2000		8:	3			
			L				
			[8-	4 City		FL  85	Zip Code
11. Pursuani i	to the provisions of Sections 607.05	02 and 607.1508, Florida St	atutes, the abo	ve-named corr	poration submits this statement for the		ing its registered
office or re	to the provisions of Sections 607.05 egistored agent, or both, in the State of familiar with, and accept the oblig	e of Florida. Such change w	as authorized t	by the corporal	tion's board of directors. I hereby acce	pt the appointme	nt as registered
anent Le				00			
	н талтінаг міті, ало весері тіо оотқ	gations of, Section 607.0505	, Florida Statut	θ\$.			
SIGNATURE	Signature Typod or printed name of registerial as				ired when reinstating)	DATE	
SIGNATURE	Signature hypod ox printed name of registered as OFFICERS AN					DATE	
SIGNATURE	Signature typod in grunted name in registered as OFFICERS AN	jest and title (Lapplicable )	(NOTE Registered A	gent signature requi	ired when reinstating)	DATE	CTORS IN 12
SIGNATURE	Signature typod in grunted name of registered as OFFICERS AN DV BATES, TIMOTHY	pest and title (Lapplicable	(NOTE Registered A	gent signature requi	ired when reinstating)	DATE CERS AND DIREC	CTORS IN 12
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SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature bypod in privated name of registered as OFFICERS AN  DV BATES, TIMOTHY 2454 MICHIGAN ST ORLANDO FL D	pest and title (Lapplicable	NOTE Registered A  13. 1.1 TITLE 1.2 NAME 1.3 STREE	gent signature requi	ired when reinstating)	DATE CERS AND DIREC	CTORS IN 12
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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 or an attachment with an address.

SIGNATURE: