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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # \$56052

1. Corporation Name

ZEPHYH ENIEHPI	RISES, INC.			
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74 LA COSTA	, ,	74 LA COSTA		
NOKOMIS FL 34275 NOKOMIS FL 34275				
US	100	U\$		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualifed
•				05/28/1991
2. Principal Place of Busin	ess	2a. Mailing Address		4. FEI Number Applied For
21	•	26	·	31-1326261 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired *** \$8.75 Additional ****
22		27		5. Certificate of Status Desired Fee Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip _	Country	Zip	Country	8. This corporation owes the current year Intangible
	25	29	30	Personal Property Tax. ☐ Yes ☐ No
9. Name	and Address of Current	Registered Agent		10. Name and Address of New Registered Agent
SELL, DUANE	CANOLIES.		81 Name	
74 LA COSTA	\$999 58 0		82 Street Ad	dress (P.O. Box Number is Not Acceptable)
NAKOHOO EL O	407F		0.000.71	1 1 2 1 2 1 2 1 2 1 A 1 1 2 1 A 1 1 2 1 1 A 1 1 2 1 1 A 1 1 2 1 1 A 1 1 2 1 1 A 1 1 2 1 A 1 1 2 1 A 1 1 A 1 1 A 1 1 A 1 1 A 1 1 A 1 1 A 1 1 A 1 1 A 1 1 A
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V			84 City	FL 85 Zip Code
11. Pursuant to the provision	ons of Sections 607.0502	and 607 1508, Florida Statute	es, the above-named co	progration submits this statement for the purpose of changing its registered
office or registered age	nt, or both, in the State of	Florida. Such change was a ns of, Section 607,0505. Flori	uthorized by the corpora	proporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
	i, and accept the obligation		nua Statutes.	
SIGNATURE Signature, typed of	r printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent signature regu	lired when reinstating), DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE P	. ,	☐ DELETE	1.1 TITLE '	☐ Change ☐ Addition
NAME SELL, DUA	NE		1.2 NAME	
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CITY-ST-ZIP NAKOMIS	FL 34275		1.3 STREET ADDRESS	
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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.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

FILED

Jan 27, 1999 8:00am

Secretary of State

01-27-1999 90036 008 ***150.00