

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
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90042 032 ***150.00

DOCUMENT # S69614

1. Corporation Name
ZEDA, INC.

Principal Place of Business
9721 DELRAY DR
NEW PORT RICHEY FL 34654

Mailing Address
9721 DELRAY DR
NEW PORT RICHEY FL 34654

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/30/1991

4. FEI Number
59-3079296

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 8210 Aquila St.
Suite, Apt. #, etc.
22 227

23 Port Richey, Florida

24 34668 25 USA

2a. Mailing Address

26 8210 Aquila St
Suite, Apt. #, etc.
27 227

28 Port Richey, Florida

29 34668 30 USA

9. Name and Address of Current Registered Agent

NOVENSON, ROBERT B
9721 DELRAY DR.
NEW PORT RICHEY FL 34654

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
8210 Aquila St.
83 #227
84 City
Port Richey FL 85 Zip Code
34668

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 PD
NAME NOVENSON, ROBERT B.
STREET ADDRESS 9721 DELRAY DR
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE VP
NAME NOVENSON, MARCUS J
STREET ADDRESS 9721 DELRAY DR.
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE ST
NAME NOVENSON, APRIL L
STREET ADDRESS 9721 DELRAY DR
CITY-ST-ZIP NEW PORT RICHEY FL 34654

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 8210 Aquila St. #227
1.4 CITY-ST-ZIP Port Richey, FL 34668

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 8210 Aquila St., #227
2.4 CITY-ST-ZIP Port Richey, FL 34668

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS 8210 Aquila St., #227
3.4 CITY-ST-ZIP Port Richey, FL 34668

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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:

Robert Novenson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Novenson

3/28/99

Date

727-842-3509

Daytime Phone #

CR2E034 (11/98)

0502118