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 15, 1999 8:00 am Secretary of State

04-15-1999 90155 050 ***158.75

DOCUMENT # \$84654

1, Corporation Name

YVONNE	ZIEL TRAFFIC CONSULTA	ANTS, INC.				
Principal Place	e of Business	Mailing Address			AN DIDIN MADIR ATORN DIDIN MADIR	INDI
11400 86 ST N		11440 86 ST N		{		
W PALM BEACH FL 33412 W PALM BEACH FL 33412						
US		US		DO NOT WRITE IN TH	IIS SPACE	
				3. Date Incorporated or Qualifed		
				09/30/1991		
	lace of Business	2a. Mailing Address	ا سم ۲	4. FEI Number	Applied Fo	
21 11440			ST. N.	65-0288669	Not Applic	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Addition Fee Required	al
City & State		City & State	· -	6. Election Campaign Financing	\$5.00 May Be	;
23 W. PA	HUM BEACH, FL	28 W. PALM B	each fl	Trust Fund Contribution	Added to Fees	
Zip	- Country	Zip	Country	8. This corporation owes the current year		,
24 33412	2 25 45	29 33412	30 US	Personal Property Tax.	Yes No	
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Register	∌d Agent	
7151	WONNE		81 Name			
	, YVONNE		82 Street Ad	idress (P.O. Box Number is Not Acceptable)		
	10 86 ST N					
W P	ALM BEACH FL 33412		83			
			84 City		85 Zip Code	
			, , , -		L OS Zip cous	
office or nagent. I a	Signature, typed or plinted name of registered age	int and title if applicable. (NOTE	: Registered Agent signature requ		19	
12		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN	
TITLE	PVT	☐ DELETE	1.1 TITLE		☐ Charige ☐ A	Junio
NAME	ZIEL, YVONNE		1.2 NAME			
STREET ADDRESS	11440 86 ST N		1.3 STREET ADDRESS			
CITY-ST-ZIP	W PALM BEACH FL	- Delete	1.4 CITY-ST-ZIP	<u>·</u>	Change A	dditic
TITLE	SD 7551 VALCONNIE	☐ DELETE	2.1 TITLE		□ cuange □ ∧	ACKOC.
NAME	ZIEL, YVONNE		2.2 NAME			
STREET ADDRESS	11440 86TH ST NO	•	2.3 STREET ADDRESS			
CITY-ST-ZIP	W PALM BEACH FL 33412		2.4 CITY-ST-ZIP		∏ Change ☐ A	
ππε	· .	☐ DELETE	3.1 TITLE		Change DV	باللاباد
NAME	,		3.2 NAME			
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NAME			4. 2 NAME			
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NAME			5.2 NAME	·		
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP		☐ DELETE	5.4 CITY-ST-ZIP		☐ Change ☐ A	ddit
TITLE	}	[] DECETE	I		L] Glarige ∐ A	Juli
NAME			6.2 NAME			•
STREET ADDRESS	{		6.3 STREET ADDRESS			

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 of 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 treatee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change it, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

WHREYVOUNE ZIEL 4/12/99 561-624-72