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

**PROFIT CORPORATION ANNUAL REPORT** 

**19**98



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V51389 (7)

BRUCE ZERBEL ENTERPRISES INC.

**FILED** May 13 1998 8:00am Secretary of State



Principal Place of Business	Mailing Address			e lader drinds neser grang strat state abit drate glat	. #1#14 #6#65 #1#16 BIM16 4##1
10120 CHESHAM DR.	1020 CHESHAM DR.				
#3012 ORLANDO FL 32817	#3012 ORLANDO FL 32817			DO NOT WRITE IN THIS SPACE	
US	US			3. Date Incorporated or Qualified	
_				07/17/1992	
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For
	26			59-3131675	Not Applicable
Suite, Apt #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing	
<del> </del> 1	28			Trust Fund Contribution	\$5.00 May Be Added to Fees
<b>Zip</b> Country	Zip	Country	у	8. This corporation owes or has paid the cu	
	29	30			Yes No
g, Name and Address of Current Re	egistered Agent		T	10. Name and Address of New Registered	Agent
WILLIAM FALLER & ASSOC INC.		81	Name		
6878 W. ATLANTIC BLVD.		82 Street Addre		lress (P.O. Box Number is Not Acceptable)	
MARGATE FL 33063		83	<del> </del>		
			<u> </u>		
		84	City	FL	85 Zip Code
11, Pursuant to the provisions of Sections 607.0502 ar	id 607.1508, Florida Statut	les, the abov	e-named cor		f changing its registered
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 registeri of accord an			Krit signature requ	ired when reinstating) DATE	
12. OFFICERS AND D	IRE CTORS  DELETE	13.	<del> </del>	ADDITIONS/CHANGES TO OFFICERS AN	
NAME ZERBEL, BRUCE R	☐ DETE IE	1.1 TITLE			Change Addition
46460 OUPOULAL OR		1.2 NAME	T 4000000		[8]
STREET ADDRESS 10120 CHESHAM DR CRITY-ST-ZIP ORLANDO FL		1.3 STREE	T ADDRESS		ļ.
TITLE 8	DELETE	2.1 TITLE	31-211		Change Addition
NAME ZERBEL, ARDENE M		2.2 NAME			
STREET ADDRESS 10120 CHESHAM DR		2.3 STREE	1 ADDRESS		
CITY-ST-ZIP ORLANDO FL		2. 4 CITY-	ST-ZIP		
TITLE	DELETE	31 TITLE			☐ Change ☐ Addition
NAME		3.2 NAME	-		
STREET ADDRESS			T ADDRESS		
CITY-ST-ZIP	DELETE	3.4. CITY -	ST-ZIP		Change Addition
TITLE NAME	T DEFEIE	4.1 TITLE 4. 2 NAME			Charite C Manifoli
STREET ADDRESS			T ADDRESS		
CITY-ST-ZIP		4.4 CITY- 5			
TITLE	DELETE	5.1 TITLE			Change Addition
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREE	T ADDRESS		
CITY-ST-ZIP		5.4 CITY - 3	ST - ZIP		
TITLE	DELETE	61 TITLE			☐ Change ☐ Addition
NAME		62 NAME			
STREET ADDRESS			1 ADDRESS		
CITY-ST-ZIP	hie filing done not auglit. G	6.4 CITY-1		n Section 119 07/3/(i) Florida Statutas Lituribas o	artify that the information
14. Thereby certify that the information supplied with this filling 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 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 indicated on this annual report of supplemental annual report is					
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 of an attachment with an address.					