Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90076 009 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # **V51389**

BRUCE	ZERBEL ENTERPRISES IN	IC.						
Principal Place	o of Rusinoss	Mailing Address					II bieli bib ik bibil	51 5 11 2 1 611 1461
Principal Place of Business Mailing Address 10120 CHESHAM DR. 1020 CHESHAM DR.						ļ		
#3012 #3012						· ·		
ORLANDO FL 32817 ORLANDO FL 32817						DO NOT WRITE IN THIS SPACE		
US US						3. Date Incorporated or Qualifed 07/17/1992		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	A	pplied For
11		26				59-3131675		ot Applicable
Suite, Apt. #, etc. Suite 22 27		Suite, Apt. #, etc	Suite, Apt. #, etc.		<u></u>	5. Certificate of Status Desired		Additional equired
City & State City & State						6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Con	ntry		8. This corporation owes the current year	_	T
4	25	29	30			Personal Property Tax.	Yes	2500
	9. Name and Address of Curr	ent Registered Agent		04	Nama	10. Name and Address of New Register	d Agent	
WILL	IAM FALLER & ASSOC INC.			81	Name			
6878 W. ATLANTIC BLVD.				82 Street Address (P.O. Box Number is Not Acceptable)				
MARGATE FL 33063				83				
				03				
				84	City	F	85 Zip	Code
SIGNATURE	rn familiar with, and accept the obli- Signature, typed or printed name of registered a	_			•	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12
TITLE	P	DELET		TLE			☐ Change	☐ Addition
NAME	ZERBEL, BRUCE R		1.2 N	ME				
STREET ADDRESS	10120 CHESHAM DR		1.3 \$1	REET	ADDRESS			ĺ
CITY-ST-ZIP	ODI ANDO FI		1.4 CI	TY-SI	T-ZIP			
TITLE	S .	☐ DELE1	ΓE 2.1 TΓ	R.E			☐ Change	☐ Addition
NAME	ZERBEL, ARDENE M		2.2 N/	ME	į			
STREET ADDRESS	10120 CHESHAM DR		2.3 \$1	REET	TADDRESS			ļ
CITY-ST-ZIP	ORLANDO FL	مؤسد : د مار <u></u>	2.40	ΠY-S	T-ZIP			. •
TITLE		OELET	TE 3.1 ΤΤ	TLE	1	v	☐ Change	Addition
NAME			· 3.2 N	ME				
STREET ADDRESS			3.3 S1	REET	FADDRESS			į
CITY-ST-ZIP					T-ZIP		Change	Addition
TITLE		☐ DELET			1		☐ Change	L Addition
NAME !			4. 2 N)
STREET ADDRESS					TADDRESS			ſ
CITY-ST-ZIP		☐ DELET	4.4 CI TE 5.1 TI		T- ZIP		☐ Change	☐ Addition
TITLE			5.1 II				onungo	
NAME					r address			
STREET ADDRESS			5.4 Cl					
TITLE		☐ DELET					☐ Change	Addition
NAME		، عدد ب	6.2 N/					_
STREET ADDRÉSS					TADORESS	•		

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 changes or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: 5

STREET ADDRESS . . .

ENATURE SELEC TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR