

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morhart
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 243918 (0)
1. Corporation Name
THE ZIMMER REALTY CO.



Principal Place of Business

**3711 E. COLONIAL DR.
ORLANDO FL 32803**

Mailing Address

**3711 E. COLONIAL DR.
ORLANDO FL 32803**

3. Date Incorporated or Qualified
01/19/1961

3a. Date of Last Report
01/13/1995

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRODFUHRER, BRUCE J.
1415 TUSCA TR
WINTER SPRINGS FL 32708**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 of the person who is changing the corporation's registered office or registered agent or both)

(Signature of the person who is accepting the appointment as registered agent)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	☐ DELETE
NAME	ZIMMER, JACK H	
STREET ADDRESS	1414 TUSCA TR.	
CITY-STATE-ZIP	WINTER SPRINGS FL	
TITLE	V	☐ DELETE
NAME	ZIMMER, ROBERT H	
STREET ADDRESS	341 EDEN RD.	
CITY-STATE-ZIP	PALM BEACH FL	
TITLE	V	☐ DELETE
NAME	ZIMMER, JACK H JR	
STREET ADDRESS	315 SYLVAN DR.	
CITY-STATE-ZIP	WINTER PARK FL	
TITLE	VD	☐ DELETE
NAME	WALKER, PAMELA SUE	
STREET ADDRESS	1059 BLACK ACRE TR	
CITY-STATE-ZIP	WINTER SPRINGS FL	
TITLE	TSD	☐ DELETE
NAME	BRODFUHRER, BRUCE J.	
STREET ADDRESS	1415 TUSCA TR.	
CITY-STATE-ZIP	WINTER SPRINGS FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(c), 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, on an attachment with an address.

SIGNATURE: *Bruce J. Brodfuhrer* **BRUCE J. BRODFUHRER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/96 (407) 896-0483
DATE DAY, TIME PHONE #

CR2E034 (12/95)