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

DOCUMENT # 243918 1. Corporation Name

THE ZIMMER REALTY CO.

FILED Jan 28, 1999 8:00am Secretary of State

01-28-1999 90027 048 ***150.00



						ł		01 HALL DIDAL C		
Principal Place of Business Mailing Address						ł	•			
3711 E. COLONIAL DR. 3711 E. COLONIAL DR. ORLANDO FL 32803 ORLANDO FL 32803										
						L	DO NOT WRIT	E IN THIS	SPACE	, , , , , , , , , , , , , , , , , , ,
						3	Date Incorporated or Qualifed 01/19/1961		. 47	
Principal Place of Business 2a. Mailing Address						4.	FEI Number		Ap	plied For
21 26							59-0941883	•	No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						_	Cortiferty of Status Desired		\$8.75	Additional
22						Э.	Certifcate of Status Desired		Fee Re	quired
City & State City & State						6.	Election Campaign Financing		\$5.00	May Be
23 28			•				Trust Fund Contribution		Added 1	
Zip Country Zip			Country			8.	This corporation owes the curre	ent vear Inta	angible	
24 25 29 30			0				Personal Property Tax.	•	Yes	□No
	9. Name and Address of Current	- 	<u> </u>			10.	Name and Address of New R	egistered a	Agent	
			8	1 N	lame .					
BRO	DFUHRER, BRUCE J.			<u></u>		- 45	0.5-11			 ,
1415 TUSCA TR				82 Street Addre			O. Box Number is Not Accepta	ble)		
WINTER SPRINGS FL 32708				3				2 g/4.	- 100. Steel	2 435 CM
								1,71,73.		
The Committee of the Co				4 C	City			FL	85 Zip 0	Code
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									<u> </u>	
12.	OFFICERS AND		13.			<u>A</u>	DDITIONS/CHANGES TO OFF	ICERS AN		
TITLE	PD DELETE		1.1 TITLE				+ 1/2		Change	☐ Addition
NAME	ZIMMER,JACK H		1.2 NAME		1					•
STREET ADDRESS	1414 TUSCA TR.		1.3 STRE	ET ADE	DRESS				•	
CITY-ST-ZIP WINTER SPRINGS FL			1.4 CITY-ST-ZIP		,					
TITLE	V	☐ DELETE	2.1 TITLE						Change	☐ Addition
NAME	ZIMMER,ROBERT H		2.2 NAME						•	•
STREET ADDRESS	341 EDEN RD.		2.3 STREE	ET ADO	ORESS					
CITY-ST-ZIP	PALM BEACH FL		2, 4 CITY-	ST- 71	p				2.3	
TITLE				3.1 TITLE					Change	Addition
NAME ZIMMER, JACK H JR			3.2 NAME							_
STREET ADDRESS 315 SYLVAN DR.			3.3 STREET ADDRESS				•	_		
CITY-ST-ZIP	MARKED DADY C								4	
TITLE				3.4. CITY-ST-ZIP 4.1 TITLE				<u> </u>	☐ Change	Addition
NAME .	Transport of the state of the s			4.1 IIILE 4.2 NAME					□ √wildo	
STREET ADDRESS	1					· .				
	WINTED COOKINGS EL		i .	4.3 STREET ADDRESS						
CITY-ST-ZIP			4.4 CITY-1		<u> </u>				Change	[] Addition
TITLE			5.1 TITLE		}			• •	Change .	Addition
NAME			5.2 NAME				. ,		+,1 · .	
STREET ADDRESS	Whiten oppings to			5.3 STREET ADDRESS						
CITY-ST-ZIP	WINTER SPRINGS FL		5.4 CITY-3		<u> </u>					
TITLE		☐ DELETÉ	6.1 TITLE						Change	☐ Addition
NAME	and the second s	,	6.2 NAME							
STREET ADDRESS		•	6.3 STREE	ET ADD	RESS					ŀ
CITY-ST-ZIP	•	_	6.4 CITY-5	ST-ZIP	, '		•			
44 15	artifuthat the information cupation with	41. 1 47.1					140 07(3)(i) Florida Ctatutos 1			

4. 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 include 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 certof the certof or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12 99 (407) 896-0