

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 807470 (0)**

1. Corporation Name  
**ZITA INC**



Principal Place of Business <b>1122 N ASTOR MILWAUKEE WISCONSIN 53202</b>	Mailing Address <b>660 E. MASON ST. MARGARET T. LUND MILWAUKEE WISCONSIN 53202 US</b>
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2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt #, etc.	26. Suite, Apt #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
25. Country	30. Country

3. Date Incorporated or Qualified <b>11/03/1947</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FEI Number <b>39-0729030</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ROBBINS, LUCILLE  
3451 COUNTY BARN RD.  
APT. G 204  
NAPLES FL 33962**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>

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 type in printed name of registered agent and title (DATE) (NOTE: Registered Agent signature required when re-registering) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>V</b>	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MEYST, KARLA K</b>	12 NAME	
STREET ADDRESS	<b>1122 N ASTOR STREET</b>	13 STREET ADDRESS	
CITY-ST-ZIP	<b>MILWAUKEE WI</b>	14 CITY-ST-ZIP	
TITLE	<b>S</b>	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LUND, MARGARET</b>	22 NAME	
STREET ADDRESS	<b>660 E MASON STREET</b>	23 STREET ADDRESS	
CITY-ST-ZIP	<b>MILWAUKEE WI</b>	24 CITY-ST-ZIP	
TITLE	<b>PD</b>	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PETTIT, JANE BRADLEY</b>	32 NAME	
STREET ADDRESS	<b>1155 W DEAN RD</b>	33 STREET ADDRESS	
CITY-ST-ZIP	<b>MILWAUKEE WI</b>	34 CITY-ST-ZIP	
TITLE	<b>D</b>	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PETTIT, LLOYD H.</b>	42 NAME	
STREET ADDRESS	<b>1155 W. DEAN ROAD</b>	43 STREET ADDRESS	
CITY-ST-ZIP	<b>MILWAUKEE WI</b>	44 CITY-ST-ZIP	
TITLE	<b>D</b>	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TIERNEY, JOSEPH E. JR.</b>	52 NAME	
STREET ADDRESS	<b>660 E MASON ST.</b>	53 STREET ADDRESS	
CITY-ST-ZIP	<b>MILWAUKEE WI</b>	54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Margaret T. Lund* **Margaret T. Lund, Secretary, 6/26/96 (414) 227-1205**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DATE/TIME PRINTED

CR2E034 (3/96)