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**Apr 11 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 807470 (0)
1. Corporation Name
ZITA INC



Principal Place of Business: **1122 N ASTOR MILWAUKEE WISCONSIN 53202**
Mailing Address: **660 E. MASON ST. MARGARET T. LUND MILWAUKEE WISCONSIN 53202-3830 US**

3. Date Incorporated or Qualified: **11/03/1947**
3a. Date of Last Report: **07/05/1996**
4. FEI Number: **39-0729030**
5. Certificate of Status Desired: Applied For, Not Applicable
6. Election Campaign Financing Trust Fund Contribution: **\$8.75 Additional Fee Required**, **\$5.00 May Be Added to Fees**
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes, No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

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
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: V	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MEYST, KARLA K		1.2 NAME	
STREET ADDRESS: 1122 N ASTOR STREET		1.3 STREET ADDRESS	
CITY- ST- ZIP: MILWAUKEE WI		1.4 CITY- ST- ZIP	
TITLE: S	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: LUND, MARGARET		2.2 NAME	TSD
STREET ADDRESS: 660 E MASON STREET		2.3 STREET ADDRESS	LUND, MARGARET
CITY- ST- ZIP: MILWAUKEE WI		2.4 CITY- ST- ZIP	660 E. MASON STREET
TITLE: PD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: PETTIT, JANE BRADLEY		3.2 NAME	
STREET ADDRESS: 1155 W DEAN RD		3.3 STREET ADDRESS	
CITY- ST- ZIP: MILWAUKEE WI		3.4 CITY- ST- ZIP	
TITLE: D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: PETTIT, LLOYD H.		4.2 NAME	
STREET ADDRESS: 1155 W. DEAN ROAD		4.3 STREET ADDRESS	
CITY- ST- ZIP: MILWAUKEE WI		4.4 CITY- ST- ZIP	
TITLE: D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: TIERNEY, JOSEPH E. JR.		5.2 NAME	D
STREET ADDRESS: 660 E MASON ST.		5.3 STREET ADDRESS	CROAK, FRANCIS R.
CITY- ST- ZIP: MILWAUKEE WI		5.4 CITY- ST- ZIP	660 E. MASON STREET
TITLE: _____	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		6.2 NAME	
STREET ADDRESS: _____		6.3 STREET ADDRESS	
CITY- ST- ZIP: _____		6.4 CITY- ST- ZIP	

14. I do 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 changed, or on an attachment with an address.

SIGNATURE: *Margaret T. Lund* **Margaret T. Lund, Secretary** 3/26/97 (414) 227-1205
SIGNATURE AND/OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE034 (9/96)