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

PROFIT CORPORATION ANNUAL REPORT

1998

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

FILED
Jun 15 1998 8:00am
Secretary of State

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
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/03/1947

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number
39-0729030
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ 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
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 607.1508, 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 (or typed or printed name of the person signing in capacity of Registered Agent signature required) (NEW Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	V	☐ DELETE
NAME	MEYST, KARLA K	
STREET ADDRESS	1122 N ASTOR STREET	
CITY-ST-ZIP	MILWAUKEE WI	
TITLE	TSD	☐ DELETE
NAME	LUND, MARGARET	
STREET ADDRESS	660 E MASON STREET	
CITY-ST-ZIP	MILWAUKEE WI	
TITLE	PD	☒ DELETE
NAME	PETTIT, JANE BRADLEY	
STREET ADDRESS	1155 W DEAN RD	
CITY-ST-ZIP	MILWAUKEE WI	
TITLE	D	☐ DELETE
NAME	CROAK, FRANCIS R	
STREET ADDRESS	660 E MASON ST	
CITY-ST-ZIP	MILWAUKEE WI	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President, Director	☒ Change ☐ Addition
1.2 NAME	Jane B. Pettit	
1.3 STREET ADDRESS	660 East Mason Street	
1.4 CITY-ST-ZIP	Milwaukee, WI 53202	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME	100002560451	
5.3 STREET ADDRESS	-06/16/98--01024--033	
5.4 CITY-ST-ZIP	***550.00	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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 changed, or in an attachment with an address.

SIGNATURE: Director 6/15/98 414-271-5900

6-15