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

PROFIT CORPORATION ANNUAL REPORT



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

1996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUM 1. Corporation I ZANDE			(8)								
Principal Place of Business Mailing Address							A TOOTILI DIRBOR TELDI DILIA ALDOL D	III BAUL BA	HE BIRN DIDIN DIR	ia <b>bibil bibil 18</b> 81	
			1821 LEMON AVENT VERO BEACH FL 32								
						-	<ol> <li>Date Incorporated or Qualified 10/29/1973</li> </ol>	3a. [	ate of Last Re 04/13/19	•	
2. Principal Place of Business			ta. Mailing Address				4. FEI Number	. 1	<b>⊢</b>	Applied For Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				59-1515150			Additional	
22		27	<u> </u>				5. Certificate of Status Desired	Fee Required			_
City & State		28	City & State				<ol> <li>Election Campaign Financing         Trust Fund Contribution     </li> </ol>			May Be	
<b>23</b>   Zip	Country	- 20	Ζιρ	Cou	ıntry		8. This corporation has liability for	intangible			-
24	25	29		30	·			□No			_
	9. Name and Address of Currer	t Regis	tered Agent		81 Name	1	0. Name and Address of New F	legister	ed Agent		
ZANDES	R, KLAUS						TO CO. FOR A STATE ASSOCIATION				
	MON AVE., SUITE D				82 Street	Address	P.O. Box Number is Not Acceptal	леј			
	EACH FL				83						
					84 City				<b>85</b> Zu	Code	
			7.4600 FI- 1- Ct-1	Honol			and the first of the second for the second		charging its r	opiclared office	 
or registered familiar with	the provisions of Sections 607.0502 d agent, or both, in the State of Floric, , and accept the obligations of, Sect	da. Such ion 607.	n change was authoriz 0505, Florida Statutes	red by the	corporation's	board of	directors. Thereby accept the app	ointment	as registered	agent. I am	
SIGNATURE	Ignature Typed or printed name of registered agent	and title if	annlicatio: (NC	DE Registers.	d Agent signature i	eg med whe	recestating)	DÄT			ات
12.	OFFICERS AN		TORS	13.			ADDITIONS/CHANGES TO OFF	ICERS A			18
TITLE	P		☐ DELETE	1.13					☐ Change	☐ Addition	CR2E034 (12/95)
NAME	ZANDER, KLAUS			12N							8
STREET ADDRESS CITY-ST-ZIP	735 DAHLIA LANE VERO BCH FL			1	TREET ADDRESS ITY+SE-2IP						焬
TITLE	T		DELETE	2 1 1					☐ Change	Addition	75
NAME	ZANDER, CLEMENCE			22 N	AME						
STREET ADDRESS	735 DAHLIA LANE				TREET ADDRESS						
CITY-ST-ZIP	VERO BCH FL		DELETE	2 4 C	ITY-ST-ZIP				Change	Addit on	
TITLE NAME			otten	3 2 N					C change		
STREET ADDRESS					STREET ADDRESS						
CITY-ST-ZIP		-		3.4 0	HY-SI-ZIP						.
TITLE			☐ DELETE	4, 11					Change	☐ Addition	
NAME					AME						
STREET ADDRESS CHTY-ST-ZIP					TREET ADDRESS TTY-ST-ZIP						
TITLE			☐ DELETE	5 1 1		¥			Change	Add-tion	1
NAME				521	AME						
STREET ADDRESS				538	TREET ADDRESS						
CITY - ST - ZIP			DELETE		ITY-ST-ZIP				Change	Add tion	-
TITLE NAME			i out u	6 1 ° 6 2 N					□ Sitange		
STREET ADDRESS					TREET ADDRESS						
CITY-ST-ZIP	1			640	ITY-ST-ZIF	<u> </u>					
certify that to eath; that to	the information indicated on this annual am an officer or discount to corpo Block 12 or Block 15 or anged, or c	ual repoi gration 🗷	rt or supplemental ann	nual report se empov <sub>s</sub> s	is true and ac	courate a to this rej	e exemption stated in Section 119 nd that my signature shall have the port as required by Chapter 607, F	i sanie ie Iorida Sta	gal effect as if itutes; and tha	made under at my name	
SIGNAT	JRE: SIGNATURE AND TYPED OF	R PRINTEC	COULCE S	ER OR DIREC	TOR .		Words 1976	401	- 562 - Daytine Psone		