

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **454188** (4)

1. Corporation Name
PAUL G. ZINTER, INC.



Principal Place of Business: **1762 DOMINIC AVE. PT. ST. LUCIE FL 34958 US**
Mailing Address: **1762 DOMINIC AVE. PT. ST. LUCIE FL 34952 US**

3. Date Incorporated or Qualified 06/05/1974	3a. Date of Last Report 03/06/1995
4. FEI Number 59-1563335	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. State, Apt. #, etc.	26. State, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Zip
25. Country	29. Country
30. Country	

9. Name and Address of Current Registered Agent ZINTER, PAUL G. 1762 DOMINIC AVE. PORT ST. LUCIE FL 34952	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 Section 17.0602 and 607.0108, 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. This 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 intangible tax, Section 607.0408, Florida Statutes.

SIGNATURE: _____ DATE: **2/7/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: ZINTER, PAUL G		12. NAME	
STREET ADDRESS: 1762 DOMINIC AVE		13. STREET ADDRESS	
CITY, ST, ZIP: PT ST LUCIE, FL 00000		14. CITY, ST, ZIP	
TITLE:	<input type="checkbox"/> DELETE	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		22. NAME	
STREET ADDRESS:		23. STREET ADDRESS	
CITY, ST, ZIP:		24. CITY, ST, ZIP	
TITLE:	<input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		32. NAME	
STREET ADDRESS:		33. STREET ADDRESS	
CITY, ST, ZIP:		34. CITY, ST, ZIP	
TITLE:	<input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		42. NAME	
STREET ADDRESS:		43. STREET ADDRESS	
CITY, ST, ZIP:		44. CITY, ST, ZIP	
TITLE:	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		52. NAME	
STREET ADDRESS:		53. STREET ADDRESS	
CITY, ST, ZIP:		54. CITY, ST, ZIP	
TITLE:	<input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		62. NAME	
STREET ADDRESS:		63. STREET ADDRESS	
CITY, ST, ZIP:		64. CITY, ST, ZIP	

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)(b), 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 deleted, with my address.

SIGNATURE: *Paul G. Zinter* DATE: **2/7/96** DAYTIME PHONE #: **(407) 335-5344**

CR2E034 (12/95)