

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 547955

(5)

1. Corporation Name

Z.G.N., INC.

Principal Place of Business

**1730 SANDY CIRCLE DR.
APT. 201
CAPE CORAL FL 33904-9704**

Mailing Address

**1730 SANDY CIRCLE DR.
APT. 201
CAPE CORAL FL 33904-9704**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/29/1977

3a. Date of Last Report

02/23/1994

4. FEI Number

59-1892911

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**

7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

**NACHBRUNN, KARL
1730 SANDY CIRCLE DR.
APT. 201
CAPE CORAL FL**

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, typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD**
NAME **NACHBRUNN, KARL**
STREET ADDRESS **1730 SANDY CIRCLE DR #201**
CITY - ST - ZIP **CAPE CORAL FL**

TITLE **S**
NAME **NACHBRUNN, DORA**
STREET ADDRESS **1730 SANDY CIRCLE DR #201**
CITY - ST - ZIP **CAPE CORAL FL**

TITLE **D**
NAME **ZUEGEL, ELIZABETH**
STREET ADDRESS **1444 WILSHIRE COURT**
CITY - ST - ZIP **CAPE CORAL FL**

TITLE **D**
NAME **ZUEGEL, JUTTA**
STREET ADDRESS **1444 WILSHIRE COURT**
CITY - ST - ZIP **CAPE CORAL FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☐ Change ☒ Addition
1.2 NAME **NACHBRUNN, FRED**
1.3 STREET ADDRESS **1031 CAPE CORAL PKW**
1.4 CITY - ST - ZIP **CAPE CORAL FL 33904**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP **CAPE CORAL FL 33904**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP **CAPE CORAL FL 33904**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP **CAPE CORAL FL 33904**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 110.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Fred C. Nachbrunn Fred C. NACHBRUNN

April 28, 95 813 542 2465

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR