FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **807470** **(0)**

1. Corporation Name

ZITA INC

Principal Place of Business	Mailing Address
1122 N ASTOR MILWAUKEE WISCONSIN 53202	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**	3a. Date of Last Report: **08/10/1994**
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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (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 **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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	11 TITLE	☐ Change ☐ Addition
NAME	MEYST, KARLA K	12 NAME	
STREET ADDRESS	1122 N ASTOR STREET	13 STREET ADDRESS	
CITY-ST-ZIP	MILWAUKEE WI	14 CITY-ST-ZIP	
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	LUND, MARGARET	22 NAME	
STREET ADDRESS	660 E MASON STREET	23 STREET ADDRESS	
CITY-ST-ZIP	MILWAUKEE WI	24 CITY-ST-ZIP	
TITLE	PD	31 TITLE	☐ Change ☐ Addition
NAME	PETTIT, JANE BRADLEY	32 NAME	
STREET ADDRESS	1155 W DEAN RD	33 STREET ADDRESS	
CITY-ST-ZIP	MILWAUKEE WI	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	PETTIT, LLOYD H.	42 NAME	
STREET ADDRESS	1155 W. DEAN ROAD	43 STREET ADDRESS	
CITY-ST-ZIP	MILWAUKEE WI	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	TIERNEY, JOSEPH E. JR.	52 NAME	
STREET ADDRESS	660 E MASON ST.	53 STREET ADDRESS	
CITY-ST ZIP	MILWAUKEE WI	54 CITY-ST ZIP	
TITLE		61 TITLE	☐ Change ☐ 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)(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, 4/17/95, (414) 271-5900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0477030 FP