

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000001754

1. Corporation Name

KZS RISK SERVICES, INC.

Principal Place of Business

% IRA D. LEAVITT
675 NORTH COURT, SUITE 360
PALATINE IL 60067

Mailing Address

% IRA D. LEAVITT
675 NORTH COURT, SUITE 360
PALATINE IL 60067

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/05/1993

4. FEI Number

36-3290658

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

KZS INSURANCE AGENCY, INC.

2a. Mailing Address

KZS INSURANCE AGENCY, INC.

Suite, Apt. #, etc.

2775 ALGONQUIN RD #300

Suite, Apt. #, etc.

2775 ALGONQUIN RD #300

City & State

ROLLING MEADOWS IL

City & State

ROLLING MEADOWS IL

Zip

60008

Country

USA

Zip

60008

Country

USA

9. Name and Address of Current Registered Agent

**KADDATZ, LARRY
5734 CRESTVIEW DRIVE
LADY LAKE FL 32159**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**CP
ZUNKER, WILLIAM F
27041 FAIRFIELD
WAUCONDA IL 60084**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**VCS
KADDATZ, LARRY
5734 CRESTVIEW DRIVE
LADY LAKE FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

WILLIAM F. ZUNKER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/99 847-870-2320
Date Daytime Phone #

CR2E034 (11/98)

FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90052 035 ***150.00

