

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

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90114 033 ***150.00

DOCUMENT # **F97000001538**

1. Corporation Name

ZERO ENCLOSURES, INC.

Principal Place of Business

**444 S. FLOWER ST., #2100
LOS ANGELES CA 90071-2922**

Mailing Address

**444 S. FLOWER ST., #2100
LOS ANGELES CA 90071-2922**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/25/1997

4. FEI Number

84-1387014

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

21 500 W 200 N

Suite, Apt. #, etc.

22

City & State

23 N SALT LAKE UT

Zip

24 84054

Country

25 USA

2a. Mailing Address

26 PO BOX 325

Suite, Apt. #, etc.

27

City & State

28 MILWAUKEE WI

Zip

29 53201-0325

Country

30 USA

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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	PDCE	<input checked="" type="checkbox"/> DELETE
NAME	GODBOLD, WILFORD D JR	
STREET ADDRESS	444 S. FLOWER ST., #2100	
CITY-ST-ZIP	LOS ANGELES CA 90071-2922	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	HERMANSON, JAMES F	
STREET ADDRESS	444 S. FLOWER ST., #2100	
CITY-ST-ZIP	LOS ANGELES CA 90071-2922	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MANWARING, JAY	
STREET ADDRESS	500 W 200TH N	
CITY-ST-ZIP	N SALT LAKE UT 84054	
TITLE	VDCF	<input checked="" type="checkbox"/> DELETE
NAME	DANIELS, GEORGE A	
STREET ADDRESS	444 S. FLOWER ST., #2100	
CITY-ST-ZIP	LOS ANGELES CA 90071-2922	
TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	CUTCHALL, ANITA J	
STREET ADDRESS	444 S. FLOWER ST., #2100	
CITY-ST-ZIP	LOS ANGELES CA 90071-2922	
TITLE	S	<input type="checkbox"/> DELETE
NAME	O'BRYANT, JOHN T	
STREET ADDRESS	500 W 200TH N	
CITY-ST-ZIP	N SALT LAKE UT 84054	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ALBRECHT, WILLIAM J.	
1.3 STREET ADDRESS	N22 W23685 RIDGEVIEW PKWY	
1.4 CITY-ST-ZIP	WAUKESHA WI 53188-1013	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ARZBAECHER, ROBERT C.	
2.3 STREET ADDRESS	13000 W SILVER SPRING DR	
2.4 CITY-ST-ZIP	BUTLER WI 53007	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ASMUTH, ANTHONY W	
3.3 STREET ADDRESS	411 E WISCONSIN AVE #2550	
3.4 CITY-ST-ZIP	MILWAUKEE WI 53202	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT C. ARZBAECHER

2-15-99

Date

414/783-9279

Daytime Phone #

CR2E034 (11/98)