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CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 PM 7:08

DOCUMENT # H63727 (2)

1. Corporation Name
HOLBERG & ZANTZINGER, INC.

Principal Place of Business	Mailing Address
224 DATURA ST. SUITE 1307 WEST PALM BEACH FL 33701-5641	224 DATURA STREET 1307 W. PALM BEACH FL 33701-5641 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/24/1985	3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-2642552	☐ 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	2a. Mailing Address
21 224 Datura Street	26 224 Datura Street
22 Suite, Apt. #, etc. Suite 1407	27 Suite, Apt. #, etc. Suite 1407
23 City & State West Palm Beach, FL.	28 City & State West Palm Beach FL.
24 Zip 33401 / 25 Country U.S.A.	29 Zip 33401 / 30 Country U.S.A.

9. Name and Address of Current Registered Agent

HOLBERG, SVEN LUDVIG
3210 PIERSON DR.
DELRAY BEACH FL 33444

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 (Typed, Printed or Written Name of Registered Agent and Title if Applicable) (NOTE: Registered Agent signature required where indicated) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	HOLBERG, SVEN LUDVIG	12 NAME	
STREET ADDRESS	3210 PIERSON DR.	13 STREET ADDRESS	
CITY ST ZIP	DELRAY BEACH FL	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	ZANTZINGER, EILEEN H.	22 NAME	
STREET ADDRESS	435 SEASPRAY AVE.	23 STREET ADDRESS	
CITY ST ZIP	PALM BEACH FL	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added above or on an attached sheet with an address.

SIGNATURE: S. Holberg (SIGNATURE AND/OR PRINTED NAME OF FILING OFFICER OR DIRECTOR) Sven Ludvig Holberg

March 31-95 (Date) 407/659-4655 (Daytime Phone #)

0241034 CP