## 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 # J64414

1. Corporation Name

ZMX CORPORATION, INC.

Principal Place of Business

Mailing Address

## FILED Feb 08, 1999 8:00am Secretary of State

02-08-1999 90026 037 \*\*\*150.00



% ZISIMOS MARKOPULOS 10125 ADAMO DRIVE TAMPA FL 33619	% ZISIMOS MARKOPULOS 10125 AĐAMO DRIVE TAMPA FL 33619		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  03/30/1987
2. Principal Place of Business	2a. Mailing Address		4. FEI Number Applied For
21	26		59-2812136 Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired   \$8.75 Additional Fee Required
City & State	City & State	•	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip Country  24 25	Zip Cc	ountry	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No
9. Name and Address of Cur	rrent Registered Agent	T	10. Name and Address of New Registered Agent
MARKOPULOS, ZISIMOS	44	81	Name
10125 ADAMO DRIVE		82	Street Address (P.O. Box Number is Not Acceptable)
TAMPA FL 33619		83	
and the electron least the control of the		84	City FL 85 Zip Code
11. Pursuant to the provisions of Sections 607. office or registered agent, or both, in the St. Magent. I am familiar with, and accept the ob-	ate of Florida. Such change was authorize	ed by t	e-named corporation submits this statement for the purpose of changing its registered the corporation's board of directors. I hereby accept the appointment as registered
SIGNATURE			

(NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ DELETE TITLE. 1.1 TITLE ☐ Change ☐ Addition MARKOPULOS, ZISIMOS NAME 1.2 NAME 8809 EAGLE WATCH DRIVE STREET ADDRESS 1.3 STREET ADDRESS RIVERVIEW FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE CRALEY, KATHERINE NAME 2.2 NAME 45428 BRUNSWICK DR STREET ADDRESS 2.3 STREET ADDRESS CANTON MI 2.4 CiTY-ST-ZIP ☐ DELETE 3.1 TITLE ☐ Change ☐ Addition CRALEY, THOMAS 3.2 NAME 45428 BRUNSWICK DR STREET ADDRESS 3.3 STREET ADDRESS CANTON MI CITY-ST-ZIP 3.4. CITY-ST-ZIP □ DELETE TITLE 4.1 TITLE NAME. 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP □ DELETE TITLE 5.1 TITLE ☐ Change ☐ Addition 5.2 NAME NAMÉ 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP A THE A THE TOUR OF TITLE DELETE 61 TITLE ☐ Change ☐ Addition NAME 6.2 NAME 多层设施性抗 STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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 all other like empowered.

CR2E034 (11/98)