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FILED

Mar 13 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # J67915

(5)

1. Corporation Name

ZINSMEISTER ENTERPRISES, INC.

Principal Place of Business

32 E NEW HAVEN AVE  
MELBOURNE FL 32901  
US

Mailing Address

32 E. NEW HAVEN AVENUE  
MELBOURNE FL 32901-4404  
US



3. Date Incorporated or Qualified  
04/07/1987

3a. Date of Last Report  
06/13/1996

4. FEI Number

59-2788747

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. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. 25.

29. 30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZINSMEISTER, DANIEL C.  
32 E NEW HAVEN AVE  
MELBOURNE FL 32901

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:

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME: P  
2. STREET ADDRESS: ZINSMEISTER, DANIEL C.  
3. CITY-ST-ZIP: 32 W. NEW HAVEN AVENUE  
4. CITY-ST-ZIP: MELBOURNE FL  
5. NAME: ☐ DELETE  
6. STREET ADDRESS: ☐ DELETE  
7. CITY-ST-ZIP: ☐ DELETE  
8. NAME: ☐ DELETE  
9. STREET ADDRESS: ☐ DELETE  
10. CITY-ST-ZIP: ☐ DELETE  
11. NAME: ☐ DELETE  
12. STREET ADDRESS: ☐ DELETE  
13. CITY-ST-ZIP: ☐ DELETE  
14. NAME: ☐ DELETE  
15. STREET ADDRESS: ☐ DELETE  
16. CITY-ST-ZIP: ☐ DELETE

1.1 TITLE: ☐ Change ☐ Addition  
1.2 NAME: ☐ Change ☐ Addition  
1.3 STREET ADDRESS: ☐ Change ☐ Addition  
1.4 CITY-ST-ZIP: ☐ Change ☐ Addition  
2.1 TITLE: ☐ Change ☐ Addition  
2.2 NAME: ☐ Change ☐ Addition  
2.3 STREET ADDRESS: ☐ Change ☐ Addition  
2.4 CITY-ST-ZIP: ☐ Change ☐ Addition  
3.1 TITLE: ☐ Change ☐ Addition  
3.2 NAME: ☐ Change ☐ Addition  
3.3 STREET ADDRESS: ☐ Change ☐ Addition  
3.4 CITY-ST-ZIP: ☐ Change ☐ Addition  
4.1 TITLE: ☐ Change ☐ Addition  
4.2 NAME: ☐ Change ☐ Addition  
4.3 STREET ADDRESS: ☐ Change ☐ Addition  
4.4 CITY-ST-ZIP: ☐ Change ☐ Addition  
5.1 TITLE: ☐ Change ☐ Addition  
5.2 NAME: ☐ Change ☐ Addition  
5.3 STREET ADDRESS: ☐ Change ☐ Addition  
5.4 CITY-ST-ZIP: ☐ Change ☐ Addition  
6.1 TITLE: ☐ Change ☐ Addition  
6.2 NAME: ☐ Change ☐ Addition  
6.3 STREET ADDRESS: ☐ Change ☐ Addition  
6.4 CITY-ST-ZIP: ☐ Change ☐ Addition

14. I do 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 included 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 a director or officer 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 on Block 9 or Block 13 or changed or been an attachment with an address.

SIGNATURE:

DANIEL C. ZINSMEISTER

3/8/97

Date

Day in Month Year

0000000

CR2E034 (9/96)