

CORPORATION

1999-2000
Annual Report

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 FEB 21 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

L64228

1. Corporation Name

ZAS SUPPLY, INC.

2. Principal Office Address

3315 N. 124th St.

Suite, Apt. #, etc.

Suite E

City & State

Brookfield, WI

Zip

53005

Country

USA

3. Mailing Office Address

3315 N. 124th St.

Suite, Apt. #, etc.

Suite E

City & State

Brookfield, WI

Zip

53005

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4/11/90

5. FEI Number

65-0186625

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Arnold D. Shevin

Street Address (P.O. Box Number is Not Acceptable)

Two Datan Center, Suite 1528,

Suite, Apt. #, Etc.

9130 S. Dadeland Blvd.

City

Miami

State
FLZip Code
33156

100003171941-1

-03/16/00--01012--014

****300.00 ****300.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 2/14/00

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Dir		9130 S. Dadeland Blvd.	
Pres	Kenneth B. Karl	Suite 1528	Miami, FL 33156
V.P.		3315 N. 124th St. Ste E	Brookfield, WI 53005
Sec.	Michelle M. Nennig		
Treas			

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michelle M. Nennig V.P.

Date

(262) 781-8760

Daytime Phone #

CR2E081 (9/99)