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 Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90186 011 ***150.00

DOCUMENT #	175158
1. Corporation Name	L / O 100

KIRK ZAHNISER, INC.

					<u> </u>	II BIBLI BIBLI WIBSI WUKU BIBLI IBBI
Principal Place of	of Business	Mailing Address				11 BIBN AIBN AIAN BIBN DIBN IABN
C/O KATHY ZAHI 3256 JOLSON DE SARASOTA EL 34	1 .	% Kathy Zahniser 3256 Jolson Dr. Sarasota Fl. 34237			DO NOT WRITE IN 11	IIS SPACE
US					3. Date Incorporated or Qualifed 05/21/1990	
2. Principal Plac	ce of Business	2a. Mailing Address 26			4. FEI Number 65-()198753	Applied For Not Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country	Zip 29	Country 30		This corporation owes the current year Personal Property Tax.	Intangible ☐ Yes ☐No
	9. Name and Address of Curre	er t Registered Agent			10. Name and Address of New Registere	d Agent
ZAHNI	SER, KATHY		81	Name		
3256 JOLSON DR. SARASOTA FL 34237			82	Street Add	tress (P.O. Box Number is Not Acceptable)	
SANAC	OUTA FL 34237		83			
			84	City	F:	L 85 Zip Code
office or reg		e of Florida. Such change was a	authorized by	the corporat	poration subm ts this statement for the purpose ion's board of directors. I hereby accept the ap-	
SIGNATURE SK	gnature, typed or printed name of registered ag	en: and title if applicable (NO E	: Registered Age	it signature requir	DATE DATE	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AN DIRECTORS 12. 13 TITLE DELETE 1.1 TITLE Change Addition ZAHNISER, KATHY NAME 1.2 NAME 3256 JOLSON DR. STREET ADDRI SS 1.3 STREET ADDRESS SARASOTA FL CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ Addition Change TITLE □ DELETE 2.1 TITLE ZAHNISER, KIRK NAME 2.2 NAME 3256 JOLSON DR. STREET ADDRESS 2.3 STREET ADDRESS SARASOTA FL CITY-ST-ZIP 2.4 CITY-ST-ZIP ☐ DELETE Addition ☐ Change 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE 4.1 TITLE ☐ Change ☐ Addition TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRE IS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 53 STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP 14. Thereby 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 unlier 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 change an attachment with an address, with at other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ Change

Addition

CR2E034 (11/98)