

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # M50085 (3)

1. Corporation Name

ZENDO CAPITAL INC.



Principal Place of Business

**218 COMMERCIAL BLVD.
SUITE 204
LAUDERDALE-BY-THE-SEA FL 33308**

Mailing Address

**218 COMMERCIAL BLVD.
SUITE 204
LAUDERDALE-BY-THE-SEA FL 33308**

2. Principal Place of Business

21
Suite, Apt. #, etc.

22
City & State

23
Zip Country

24

2a. Mailing Address

26
Suite, Apt. #, etc.

27
City & State

28
Zip Country

29

3. Date Incorporated or Qualified

04/10/1987

3a. Date of Last Report

03/23/1995

4. FEI Number

65-0001759

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

9. Name and Address of Current Registered Agent

**BLAHA, WALTER R.
218 COMMERCIAL BLVD.
#204
LAUDERDALE-BY-THE-SEA FL 33308**

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

Signature typed in printed block following name and title of the

agent. Registered Agent Signature required when making change.

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**V
NAME
BLAHA, WALTER
STREET ADDRESS
218 COMMERCIAL BLVD. #204
CITY-ST-ZIP
LAUDERDALE BY THE SEA FL**

TITLE ☐ DELETE

**DP
NAME
THEUERMEISTER, WOLFRAM F
STREET ADDRESS
2025 BRICKELL AVE #1801
CITY-ST-ZIP
MIAMI FL**

TITLE ☐ DELETE

**VS
NAME
BAUMGARTNER-THEUERMEISTER, HEIDRUN
STREET ADDRESS
2025 BRICKELL AVE. #1801
CITY-ST-ZIP
MIAMI FL**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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)(k), 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, unchanged, or on an attached print with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/96

954-772-2225

CR2E034 (12/95)