

ANNUAL REPORT
1995

Florida Department of
Treasury
DIVISION OF CORPORATIONS

DOCUMENT # M88229

(3)

1. Corporation Name

ZIMMER, SMITH & SENNEMORE, INC.

95 MAY -1 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

639 E OCEAN AVE
SUITE 303
BOYNTON BEACH FL 33435
US

Mailing Address

639 E OCEAN AVE
SUITE 303
BOYNTON BEACH FL 33435
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/05/1988

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0058729

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

9. Name and Address of Current Registered Agent

SCHROEDER, NORMAN L.
101 NORTH J STREET, SUITE 1
LAKE WORTH FL 33460

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 or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PV
NAME SMITH, H ED
STREET ADDRESS 4083 72ND LN. S.
CITY-ST-ZIP LANTANA FL

TITLE ST
NAME SMITH, H ED
STREET ADDRESS 4083 72 LANE S
CITY-ST-ZIP LANTANA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☒ Addition

33460

☐ Change ☒ Addition

33460

☐ Change ☒ Addition

VP Accounting
Anne E. Lee
1175 NW 10 ST
Boynton, FL 33426

☐ Change ☒ Addition

VP - Client Acq
Carolyn Graus
207 S Palm Way
Lake Worth, FL 33460

☐ Change ☒ Addition

VP - ~~SALES~~ ART
Lawrence ~~Smith~~
4083 72nd Ln S
Boynton, FL 33460

☐ Change ☒ Addition

VP - Video Production
Jeffrey White
2500 Springdale Blvd #G210
Palm Springs, FL 33461

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 110.07(3)(b), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR

Date

Signature (Print Name)