FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **M91700** **(8)**

1. Corporation Name

ZETLIN-ARGO STRUCTURAL INVESTIGATIONS, INC.

Principal Place of Business

3100 S OCEAN BLVD
APT 503 S
PALM BCH FL 33480
US

Mailing Address

3100 S OCEAN BLVD
APT 503 S
PALM BCH FL 33480
US

3. Date Incorporated or Qualified: **07/29/1988**

3a. Date of Last Report: **06/20/1995**

4. FEI Number: **65-0068449**

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 Street Address
22 City & State
23 Zip 24 County

2a. Mailing Address
26 Street Address
27 City & State
28 Zip 29 County 30

9. Name and Address of Current Registered Agent

ZETLIN, EVE
3100 S OCEAN BLVD, APT 503 S
PALM BCH FL 33480

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 Section 607.0502 and 607.1938, 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

12. OFFICERS AND DIRECTORS

Type: **DP** ☐ DELETE
Name: **ZETLIN, EVE**
Street Address: **3100 S OCEAN BLVD, APT 503 S**
City-St-Zip: **PALM BCH FL**

Type: ☐ DELETE
Name:
Street Address:
City-St-Zip:

Type: ☐ DELETE
Name:
Street Address:
City-St-Zip:

Type: ☐ DELETE
Name:
Street Address:
City-St-Zip:

Type: ☐ DELETE
Name:
Street Address:
City-St-Zip:

Type: ☐ DELETE
Name:
Street Address:
City-St-Zip:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 Type ☐ Change ☐ Addition
12 Name
13 Street Address
14 City-St-Zip

21 Type ☐ Change ☐ Addition
22 Name
23 Street Address
24 City-St-Zip

31 Type ☐ Change ☐ Addition
32 Name
33 Street Address
34 City-St-Zip

41 Type ☐ Change ☐ Addition
42 Name
43 Street Address
44 City-St-Zip

51 Type ☐ Change ☐ Addition
52 Name
53 Street Address
54 City-St-Zip

61 Type ☐ Change ☐ Addition
62 Name
63 Street Address
64 City-St-Zip

CR2E034 (12/95)

14. I declare that the information supplied with this filing is accurate, was furnished and does not qualify for the exemptions in Section 119.07(4)(i), Florida Statutes. I further certify that the information indicated on this 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 added to the mailing address.

SIGNATURE: Eve Zetlin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #