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

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 FEB 27 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P39657** **(2)**

1. Corporation Name
**ZEISS CONSTRUCTION, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| **753 ATLANTIC ST.**<br>**STAMFORD CT 06902** | **753 ATLANTIC ST.**<br>**STAMFORD CT 06902** |

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 3. Date Incorporated or Qualified: **07/15/1992** | 3a. Date of Last Report: **03/15/1994** |
| 4. FEI Number: **06-1100885** | ☐ 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 |
| 7. This corporation has liability for intangible tax under S 199.032, Florida Statutes ☐ Yes ☐ No | |

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

**9. Name and Address of Current Registered Agent**

**SALLEY, JOHN**
**911 S. OCEAN BLVD.**
**BOCA RATON FL 33432**

**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 _____ (DATE)
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | DCP | 11 TITLE | ☐ Change ☐ Addition |
| NAME | ZEISS, JOHN | 12 NAME | |
| STREET ADDRESS | 1075 NEWFIELD AVE. | 13 STREET ADDRESS | |
| CITY-ST-ZIP | STAMFORD CT | 14 CITY-ST-ZIP | |
| TITLE | DVC | 21 TITLE | DC ☒ Change ☐ Addition |
| NAME | SALLEY, JOHN | 22 NAME | SALLEY, JOHN |
| STREET ADDRESS | 911 S. OCEAN BLVD. | 23 STREET ADDRESS | 911 S. OCEAN BLVD. |
| CITY-ST-ZIP | BOCA RATON FL | 24 CITY-ST-ZIP | BOCA RATON, FL 33432 |
| TITLE | VPT | 31 TITLE | T ☒ Change ☐ Addition |
| NAME | SALLEY, JOHN | 32 NAME | SALLEY, JOHN |
| STREET ADDRESS | 911 S. OCEAN BLVD. | 33 STREET ADDRESS | 911 S. OCEAN BLVD. |
| CITY-ST-ZIP | BOCA RATON FL | 34 CITY-ST-ZIP | BOCA RATON, FL 33432 |
| TITLE | S | 41 TITLE | ☐ Change ☐ Addition |
| NAME | SALLEY, KIMBERLY | 42 NAME | |
| STREET ADDRESS | 19 PLYMOUTH AVE. | 43 STREET ADDRESS | |
| CITY-ST-ZIP | NORWALK CT | 44 CITY-ST-ZIP | |
| TITLE | | 51 TITLE | V ☐ Change ☒ Addition |
| NAME | | 52 NAME | ZEISS, MARION |
| STREET ADDRESS | | 53 STREET ADDRESS | 911 S. OCEAN BLVD. UNIT 4B |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | BOCA RATON, FL 33432 |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

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)(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 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:** Kimberly Salley KIMBERLY SALLEY 2-21-95 (203) 325-4315
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0000062 FP