

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 # P39657 (2)

1. Corporation Name

ZEISS CONSTRUCTION, INC.



Principal Place of Business

753 ATLANTIC ST.
STAMFORD CT 06902

Mailing Address

753 ATLANTIC ST.
STAMFORD CT 06902

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

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

Unit 3A

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

3. Date Incorporated or Qualified

07/15/1992

3a. Date of Last Report

02/27/1995

4. FEI Number

06-1100885

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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 the FEI number

(NOTE: Registered Agent signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DCP	<input type="checkbox"/> DELETE
NAME	ZEISS, JOHN	
STREET ADDRESS	1075 NEWFIELD AVE.	
CITY-STATE-ZIP	STAMFORD CT	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	SALLEY, JOHN	
STREET ADDRESS	911 S. OCEAN BLVD.	
CITY-STATE-ZIP	BOCA RATON FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SALLEY, JOHN	
STREET ADDRESS	911 S. OCEAN BLVD.	
CITY-STATE-ZIP	BOCA RATON FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SALLEY, KIMBERLY	
STREET ADDRESS	19 PLYMOUTH AVE.	
CITY-STATE-ZIP	NORWALK CT	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	ZEISS, MARION	
STREET ADDRESS	911 S. OCEAN BLVD., UNIT 4B	
CITY-STATE-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add on
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add on
22 NAME	
23 STREET ADDRESS	911 S. Ocean Blvd. Unit 3A
24 CITY-STATE-ZIP	
31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add on
32 NAME	" " " " 3A
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add on
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add on
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add on
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-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)(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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Salley V.P. John Salley 7-16-96 325-4315

CR2E034 (12/95)