## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT **CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 1. Corporation Name P92000008948 (1)

ZIMMERMAN FINANCIAL SERVICES, INC.

P	rincipal Place of Business	Mailing Address 314 S MISSOURI AVE STE 205 CLEARWATER FL 34616				- I LEGITORI SIN INCID JINES ANGEL MAILE ANGEL MAINE S	Erra 1244 alağı (ött 1264		
	914 8 MISSOURI AVE 8TE 205 CLEARWATER FL 34616					DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified 11/30/1992			
2	Principal Place of Business	2a. Mailing Address	s			4. FEI Number	Applied For		
21	26					59-3156688	Not Applicable		
22	Suite, Apt. #, etc.	Apt. #, etc. Suite, Apt. #, etc. 27				5. Certificate of Status Desired See Required Fee Required			
23	City & State	City & State 28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
24	Zip Country 25	Zip 29	30 Co	untry		8. This corporation owes or has paid the curre Personal Property Tax due June 30.	nt year Intangible Yes 🔲 No		
	g, Name and Address of Cu	irrent Registered Agent	81	10. Name and Address of New Registered Agent					
	PEARSE, RICHARD L JR 814 CHESTNUT CLEARWATER FL 34616					ss (P.O. Box Number is Not Acceptable)	, , , , , , , , , , , , , , , , , , , ,		

84 City

office or re agent. I ar	o the provisions of Sections 607,0302 and 607, 1308, agistered agent, or both, in the State of Florida. Such in familiar with, and accept the obligations of, Section	change was auth 607.0505, Florid	the above-hamed horized by the corp la Statutes.	corporation submits this statement for the pu poration's board of directors. I hereby accept	the appointment as	registered
SIGNATURE					DATE	
	Signature, typed or printed name of registered agent and title if applicable OF FICERS AND DIRECTORS	r (NOTE: B		required when reinstating)  ADDITIONS/CHANGES TO OFFICE		HC 111 40
12.	OFFICERS AND EMPCTORS	DELETE	<b>13.</b> 1.1 TITLE	ADDITIONS/CHANGES TO OFFICE	Change	Addition
1	TRANSCORRANT ARCHAEL V				- Unange	L Wallion
NAME	ZIMMERMAN, MICHAEL K		1.2 NAME			
STREET ADDRESS	314 S MISSOURI AVE #205		1.3 STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL 34616		1.4 CITY - ST - ZIP			<u> </u>
TITLE		☐ DELETE	2.1 TITLE		Change	Addition
NAME			2.2 NAME			
STREET ADDRESS			23 STREFT ADDRESS			
CITY-ST-ZIP			2. 4 CITY-ST-ZIP			
TITLE		DELETE	3.1 TITLE		☐ Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3 4. CITY-ST-7IP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME		:	4. 2 NAME			-
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		☐ Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			63 STREET ADDRESS			
CITY-ST-ZIP			6.4 City - ST - ZIP			]

14. I hereby certify that the information supplied with this filing 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 suppliemental 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 changes or on an adaptment with an address.

**FILED** 

May 01 1998 8:00am

Secretary of State

Zip Code