PROFIT CORPORATION ANNUAL REPORT

1999



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FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90158 004 ***300.00

יטע ט	ZF, INC.							
Principal Place	e of Business	Mailing Address				14 9.8)(1) 1 000 (1 9 1)(1)		}
2161 MCGREGO	OR BLVD.	2161 MCGREGOR BLVD.						
STE. F		STE. F			DO NOT WRITE IN	LTHIS SPACE	:	
FORT MYERS F	FL 33901	FORT MYERS FL 33901		_	3. Date Incorporated or Qualifed	, I HIS SPACE		. ;
US		**************************************			10/02/1995	*		
0 : : : : : :			-		4. FEI Number		Annli	ied For
	lace of Business	2a. Mailing Address			65-0624256		+	Applicable
21	# -A-	Suite, Apt. #, etc.	_		03 0024230	\$8	75 Add	
Suite, Apt.	#, etc.	⊢			5. Certificate of Status Desired . !		e Requ	
22					6. Election Campaign Financing \$5.00 May Be			
23 City & State City & State					Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Country	,	8. This corporation owes the current y	ear Intangible		
24	25		30		Personal Property Tax.	Yes	. [No
241	9. Name and Address of Current	[=-]	~		10. Name and Address of New Regis	stered Agent		
			81	Name	•			
	PERER, JOHN O III		87	Street Add	ress (P.O. Box Number is Not Acceptable)			
2161 MCGREGOR BLVD.			02	82 Street Address (P.O. Box Number is Not Acceptable)				
STE.			83					
FOR	T MYERS FL 33901		84	City		85	Zip Co	nde
	•		1			PL		\
11. Pursuant	to the provisions of Sections 607.050.	2 and 607:1508, Florida Statutes	s the abov	e-named corp	poration submits this statement for the purp on's board of directors. I hereby accept the	ose of changi	ng ita re	egistered
office or r	egistered agent, or both, in the State of the state of the familiar with, and accept the obligations are stated in the state of the sta	ot Florida. Such change was aut tions of Section 607 0505. Florid	inorized by da Statute:	the corporati	on's board of directors. Thereby accept the	appointment	as regio	Siciou
				J.				
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SIGNATURE	Signature, typed or printed name of registered agen	it and title if applicable. (NOTE: F	Registered Age		ed when reinstating)	ATE	•	
SIGNATURE	Signature, typed or printed name of registered agen OFFICERS AN	it and title if applicable. (NOTE: F	Registered Age			ATE RS AND DIRE	CTOR	S IN 12
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AN	it and title if applicable. (NOTE: F	13.		ed when reinstating)	ATE	CTOR	
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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 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, with all other like empowered.

SIGNATURE:

AND OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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