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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Mar 14 1997 8:00am

Secretary of State

X 2/28/47 954-481-9024

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P96000028531 (7)

ROBERT ZACHELMAYER, INC.

SIGNATURE: X

| Principal Place | of Business | Mailing Address | | | | Ш |
|---|--|-----------------------------------|-----------------------------------|--|--|-----------------|
| 1191 EAST NE | WPORT CENTER ORIVE SUITE 208 | 1191-EAST-NEWPORT-CE | | | | |
| DEERFIELD DE | ACH PL 39442 | DEERFIELD BEACH PL 334 | 42-770 8 | | | |
| | | | | Date Incorporated or Qualified 03/29/1996 | 3a. Date of Last Report | |
| 33 | ace of Business 1 SE 1 SELR | 2a. Mailing Address 26 23 / 50 | 1 TERR. | 4. FEI Number - 0658 | >/4/ Applied Not App | plicab |
| Sulte, Apt. | #, e1 C. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additi | |
| City & State | (1) 01 11 So | City & State | 0-1-1- | 6. Election Campaign Financing | \$5.00 May | |
| 1 1 4 F. T | Triend BERCHIPL | 28 SELLE 1625 | 13800X1, PL | Trust Fund Contribution | Added to Fe | |
| 7°3344 | 4/ ₂₅ Country | 29 33441 | | This corporation has liability for Florida Statutes | in ingible tax under s. 199. Yes □ No | .032, |
| | g. Name and Address of Curren | t Registered Agent | | 10, Name and Address of New Re | gistered Agent | |
| | WAK, SCOTT H | eri. At there are | 81 Namo | USEG ZACHEZ | MYBL | |
| | EAST NEWPORT CENTER DRIV | 7E, SUITE 208 | 82 Street Add | dress (P.O. Box Number is Not Acceptat | ole) | |
| Utt | REIELD BEACH FL 33442 | | 83 27 | 7 57 1 1801 | RACE | |
| | | | 84 CAV. | | /(,// C_€_ [85] Z#Ω Code | |
| | | | 11078 | LIPICID ISKAZH | FL プダ | 4/ |
| office or re | edistered agent, or both, in the State. | of Horida, Such change was a | uthorized by the corners | rporation submits this statement for the pation's board of directors. I hereby accep | ourpose of changing its reg of the appointment as regis | istere tered |
| | n familiar with, and accept the obliga | itions of, Section 607,0505, Flo | rida Statutes. | | 2 holes | |
| SIGNATURE | Stanature, typed or printed name of a gistored age | of and title if applicable (NO) i | - Rog stered Agent signature requ | uired when reinstating) | 2/28/57 | |
| 12. | OFFICERS AND | | 13. | ADDITIONS/CHANGES TO OFFICE | | |
| TITLE | D | ☐ DELETE | 1.1 101.6 | P | L) Change | Additi |
| NAME | ZACHELMAYER, ROBERT | | 1.2 NAME | • | - | |
| STREET ADDRESS | 231 SOUTHEAST 1 TERRACE | | 13 STREET ADDRESS | | | |
| CITY-ST-ZIP | DEERFIELD BEACH FL 33441 | DELETE | 1.4 CHY- ST- ZiP 2.1 THE | | Change | Additi |
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| | | _ mark | | | CT Outside (TT) | , 1201[] |
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| TITLE NAME | | | 6.2 NAME | | | |
| CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP | | | 6.3 STREET ADDRESS | | | |