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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000021386

DENIS ZIMMER AND ASSOCIATES, INC.

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90195 022 ***150.00



Principal Place of Business Mailing Address							+ 19871484 114 19111 18811 98114 4	#111 68 111 68 116 1			
3211F S PORT ROYAL DRIVE 3211F S PORT ROY FT LAUDERDALE FL 33308 FT LAUDERDALE FL				*			DO NOT WR	ITE IN THIS	SPACE		
							Daté Incorporated or Qualifed	1]	
							3/03/1997				
2. Principal Pl	ace of Business	2a. Mailing	Address				El Number			lied For	
21		26					<u>55-0738170</u>			Applicable	
Suite, Apt.	#, etc.	Suite, A	Apt. #, etc.	_		5. 0	Certificate of Status Desired		\$8.75 Ac		
City & State	9	City & S	State			6. E	lection Campaign Financing		\$5.00 N	May Be	
23		28					rust Fund Contribution		Added to		
Zip	Country	Zip		Country		8. 1	his corporation owes the cur	rent year Int		1	
24	25	29	30			F	Personal Property Tax.		☐ Yes [No	
<u></u> 1	9. Name and Address of Currer	nt Registered Ag	gent			10. P	Name and Address of New	Registered	Agent		
				81	Name		•			1	
ZIMMER, DENIS 3211F S PORT ROYAL DRIVE				82	Street Ad	dress (P.C	ress (P.O. Box Number is Not Acceptable)				
FT LAUDERDALE FL 33308				83							
****	AUDENDALE I E 00000			[03							
					City	FL 85 Zip Code					
office or r agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligations of the state o	of Florida, Such ations of, Section	607.0505, Florida	Statutes	the corpora	ation \$ boa	rd of directors. Thereby acce	ept the appoi	ntment as reg	istered	
12.	OFFICERS AN	ID DIRECTORS		13.		Αſ	DDITIONS/CHANGES TO O	FFICERS AN	ID DIRECTOR		
TITLE	D	. <u>.</u>	☐ DELETE	1,1 TITLE					☐ Change	Addition	
NAME	ZIMMER, DENIS			1.2 NAME	ŀ					ļ	
STREET ADDRESS	3211F S PORT ROYAL DRIVE			1.3 STREE	T ADDRESS						
CITY-ST-ZIP	FT LAUDERDALE FL 33308			1.4 CITY-S	T-ZIP						
TITLE			☐ DELETE	2.1 TITLE					☐ Change	☐ Addition	
NAME				2.2 NAME							
STREET ADDRESS				2.3 STREE	T ADDRESS					Ì	
CITY-ST-ZIP				2.4 CITY-5	T- ZIP				 :		
TITLE			☐ DELETE	3.1 TITLE					☐ Change	☐ Addition	
NAME				3.2 NAME						Ì	
STREET ADDRESS				3.3 STREE	TADDRESS					}	
CITY-ST-ZIP				3.4. CITY-5	T-ZIP						
TITLE			☐ DELETE	4.1 TITLE					Change	☐ Addition	
NAME				4. 2 NAME							
STREET ADDRESS		3.		4.3 STREE	TADDRESS					ł	
CITY, ST. 7IP	1			4.4 CITY-S	T-ZIP						

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 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.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

DELETE

Mar. 3/99

Change

Addition

☐ Addition