

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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90076 011 ***150.00

DOCUMENT # P97000087697

1. Corporation Name
ZEMAR, INC.

Principal Place of Business
19142 CLOISTER LAKE LN.
BOCA RATON FL 33498

Mailing Address
19142 CLOISTER LAKE LN.
BOCA RATON FL 33498



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/10/1997

4. FEI Number

65-0788848

Applied For

No: 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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 1215 Wallace Drive
Suite, Apt. #, etc.

2a. Mailing Address

26 1215 Wallace Drive
Suite, Apt. #, etc.

City & State

23 Delray Beach FL

City & State

28 Delray Beach Florida

Zip Country

24 33444 25 U.S.A

Zip Country

29 33444 30 U.S.A

9. Name and Address of Current Registered Agent

KANTOR, MEL D
19142 CLOISTER LAKE LN.
BOCA RATON FL 33498

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME KANTOR, MEL D
STREET ADDRESS 19142 CLOISTER LAKE LN.
CITY-ST-ZIP BOCA RATON FL 33498 ☐ DELETE

TITLE D
NAME KANTOR, CAROLE A
STREET ADDRESS 19142 CLOISTER LAKE LN.
CITY-ST-ZIP BOCA RATON FL 33498 ☐ DELETE

TITLE D
NAME KANTOR, ZENA M
STREET ADDRESS 19142 CLOISTER LAKE LN.
CITY-ST-ZIP BOCA RATON FL 33498 ☐ DELETE

TITLE D
NAME KANTOR, MARC J
STREET ADDRESS 19142 CLOISTER LAKE LN.
CITY-ST-ZIP BOCA RATON FL 33498 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 supplement 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: *Carole A. Kantor* (CAROLE A. KANTOR)

4/15/99

(561) 243-8660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

066356