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P98000016533

PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT #

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90282 028 ***150.00

ZINN & ASSOCIATES, INC						
Principal Place of Business Mailing Address						
3010 WILLOW LANE HOLLYWOOD FL 33021 HOLLYWOOD FL 33021						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed 02/20/1998
2. Principal Pla	2a. Mailing Address	Address			4. FEI Number Applied For Not Applicable	
	Suite, Apt. #, etc. Suite, Apt. #, etc.			5. Certificate of Status Desired		5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State	City & State					6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
Zip 24]	Country 25	Zip 3	_			8. This corporation owes the current year Intangible Personal Property Tax. Yes
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent
AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134				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					uired when reinstating) DATE	
12.			13.	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PT	☐ DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME,	ZINN, DAVID M		1.2 NA	1.2 NAME		
STREET ADDRESS 3010 WILLOW LANE			1.3 STREET ADDRESS		ADDRESS	
CITY-ST-ZIP	HOLLYWOOD EL 00004		1.4 CII	1.4 CITY-ST-ZIP		
TITLE			2.1 TIT	2.1 TITLE		☐ Change ☐ Addition
NAME	7INN SHERRY R		2.2 NA	ME		

Addition Change DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change Addition ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

2.3 STREET ADDRESS

2. 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 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:

STREET ADDRESS

CITY+ST+ZIP

3010 WILLOW LANE

HOLLYWOOD FL 33021-

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-99

(954) 964-3222 Daytime Phone # CD2E034 /11//