

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000042525

1. Entity Name
ZP NO. 56 MEMBER, INC.



Principal Place of Business
111 PRINCESS ST
WILMINGTON, NC 28401

Mailing Address
PO BOX 2628
WILMINGTON, NC 28402



01142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2086075

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

U000000036564
02/06/04-80064-002 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ZIMMER, JEFFREY L
STREET ADDRESS 111 PRINCESS ST.
CITY-ST-ZIP WILMINGTON, NC 28401

TITLE VPTD
NAME ZIMMER, ALAN M
STREET ADDRESS 111 PRINCESS ST
CITY-ST-ZIP WILMINGTON, NC 28401

TITLE SD
NAME ZIMMER, HERBERT J
STREET ADDRESS 111 PRINCESS STREET
CITY-ST-ZIP WILMINGTON, NC 28401

TITLE D
NAME MOSKOWITZ, CAROLYN F
STREET ADDRESS 2107 ASCOTT PLACE
CITY-ST-ZIP WILMINGTON, NC 28403

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with or without other title empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/02/2004 910/763-4669

Date

Daytime Phone #

BY: Jeffrey L. Zimmer, President