PROFIT -CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P98000042564

1. Corporation Name

ZP NO. 59 MEMBER, INC.

Principal Place of Business Mailing Address PO BOX 2628 111 PRINCESS ST WILMINGTON NC 28401 WILMINGTON NC 28402 3. Date Incorporated or Qualifed 05/11/1998 4. FEI Number Mailing Address 2. Principal Place of Business 56-2086074 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 22 27 City & State City & State 6. Election Campaign Financing Trust Fund Contribution 28 23 Country 8. This corporation owes the current year Intangible Zip Country Zip 29 30 Personal Property Tax. 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 83

FILED Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90074 002 ***150.00



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

ĭ∆No

office or registered agent, or both, in the State of Fiords. Such change was authorized by the corporation's board of directors. Interest accept the application agent, it and accept the obligations of, Section 607.0505, Provided Statuters. SIGNATURE SUMPATURE SUMPATURE, Symbol or primed name of registered agent and tills if applicable (MOTE, Registered Agent agent agent time required when reinstalling) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ITILE DELETE 1.1 ITILE P/D Change X] Addition JEFFREY L. Zimmer 1.3 STREET ADDRESS 1.1 Princess Street 2.2 STREET ADDRESS 1.1 Princess Street 1.1 Prin						
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12.	SIGNATURE					
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necess certain that the information supplied with this filling loves novoquality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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 employered to except 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 their like empowered.

SIGNATURE:

910/763-4669