


**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90072 008 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P98000080160**

1. Corporation Name  
**PZ PAINTLESS DENT REMOVAL, INC.**

**Principal Place of Business**

10593 117 DRIVE N  
 LARGO FL 33773

**Mailing Address**

10593 117 DRIVE N  
 LARGO FL 33773

DO NOT WRITE IN THIS SPACE

**3. Date Incorporated or Qualified**

09/11/1998

**4. FEI Number**

59-3531799

**Applied For**

Not Applicable

**5. Certificate of Status Desired**☐

**\$8.75 Additional**  
**Fee Required**

**6. Election: Campaign Financing Trust Fund Contribution**☐

**\$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 Suite, Apt. #, etc.

**22. City & State**

23 Zip

Country

**2a. Mailing Address**

26 Suite, Apt. #, etc.

**27. City & State**

28 Zip

Country

**9. Name and Address of Current Registered Agent**

**ZIMMERMAN, PAUL S**  
**10593 117 DRIVE N**  
**LARGO FL 33773**

**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 file if applicable

(NOT E: Registered Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE **PRESIDENT** ☐ DELETE

NAME **PAUL S. ZIMMERMAN**  
 STREET ADDRESS **10593-117 DRIVE N**  
 CITY-STATE-ZIP **LARGO, FL 33773**

TITLE **V.P. TREASURER** ☐ DELETE

NAME **CONSTANCE C. ZIMMERMAN**  
 STREET ADDRESS **10593-117 DRIVE N**  
 CITY-STATE-ZIP **LARGO, FL 33773**

TITLE ☐ DELETE

NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE ☐ Change ☐ Addition

**1.2 NAME****1.3 STREET ADDRESS****1.4 CITY-STATE-ZIP**

2.1 TITLE ☐ Change ☐ Addition

**2.2 NAME****2.3 STREET ADDRESS****2.4 CITY-STATE-ZIP**

3.1 TITLE ☐ Change ☐ Addition

**3.2 NAME****3.3 STREET ADDRESS****3.4 CITY-STATE-ZIP**

4.1 TITLE ☐ Change ☐ Addition

**4.2 NAME****4.3 STREET ADDRESS****4.4 CITY-STATE-ZIP**

5.1 TITLE ☐ Change ☐ Addition

**5.2 NAME****5.3 STREET ADDRESS****5.4 CITY-STATE-ZIP**

6.1 TITLE ☐ Change ☐ Addition

**6.2 NAME****6.3 STREET ADDRESS****6.4 CITY-STATE-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:** *Constance C. Zimmerman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/99

CR2E034 (1/198)