

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90245 004 ***150.00

DOCUMENT # P99000022287

1. Entity Name

ZENITH CORPORATION



Principal Place of Business

C/O DEIDRE S. WALTZ, NORTHERN TRUST B
1100 E. LAS OLAS BLVD.
FT. LAUDERDALE FL 33301

Mailing Address

C/O DEIDRE S. WALTZ, NORTHERN TRUST B
1100 E. LAS OLAS BLVD.
FT. LAUDERDALE FL 33301

44057797



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **51-0170911**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WALTZ, DEIDRE S
C/O NORTHERN TRUST BANK
1100 E. LAS OLAS BLVD.
FT. LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **STEWART, JOAN**
STREET ADDRESS **2165 S.W. 23RD AVE.**
CITY-ST-ZIP **FT. LAUDERDALE FL 33312**

TITLE **D** ☐ Delete
NAME **WALTZ, DEIDRE**
STREET ADDRESS **NORTHERN TRUST BANK, 1100 LAS OLAS BLVD.**
CITY-ST-ZIP **FT. LAUDERDALE FL 33301**

TITLE **D** ☐ Delete
NAME **HEIDBRINK, F. DIRK**
STREET ADDRESS **1123 DINEGAL LN.**
CITY-ST-ZIP **NORTHBROOK IL 60062**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/21/04