



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90106 035 ***150.00

DOCUMENT # P99000022287					
1. Entity Name ZENITH CORPORATION					
Principal Place of Business <i>Denise Walker</i> C/O DEIDRE S. WALTZ, NORTHERN TRUST BANK 1100 E. LAS OLAS BLVD, 2300 Weston Rd FT. LAUDERDALE, FL 33301 Weston, FL 33326			Mailing Address <i>Denise Walker</i> C/O DEIDRE S. WALTZ, NORTHERN TRUST BANK 1100 E. LAS OLAS BLVD, 2300 Weston Rd FT. LAUDERDALE, FL 33301 Weston, FL 33326		
2. Principal Place of Business - No P.O. Box # <i>c/o Denise Walker</i> Suite, Apt. #, etc. <i>2300 Weston Road</i>		3. Mailing Address <i>c/o Denise Walker</i> <i>Northern Trust, NA</i> Suite, Apt. #, etc. <i>2300 Weston Road</i>			
City & State <i>Weston, Florida</i>		City & State <i>Weston, Florida</i>		4. FEI Number 51-0170911	
Zip <i>33326</i>		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WALKER, DENISE C/O NORTHERN TRUST, NA 2300 WESTON RD. WESTON, FL 33326			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;">FLZip Code</div>		
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: <i>Denise Walker Vice President Northern Trust Bank</i> <i>5/6/08</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEWART, JOAN 2165 S.W. 23RD AVE. FT. LAUDERDALE, FL 33312	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, DENISE NORTHERN TRUST, NA, 2300 WESTON RD WESTON, FL 33326	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEIDBRINK, F. DIRK 1123 DINEGAL LN. NORTHBROOK, IL 60062	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Denise Walker, Vice President</i>			<div style="display: flex; justify-content: space-between;"> <i>5/6/08</i> <i>(954) 659-3726</i> </div>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		