FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

(3)

ZEHNDER ENTERPRISES, INC.

FILED Mar 26 1998 8:00am Secretary of State



Principal Place 26235 HICKO STE PH-D BONITA BCH US	tailing Address 26235 HICKORY BLVD STE PHD BONITA BCH FL 32823 US	ORY BLVD SW			DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified				
			_				05/21/1992		
2. Principal P	face of Business	28	. Mailing Address				4. FEI Number	A	pplied For
21		26					65-0333779		lot Applicable
Suite, Apt.		27					5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	0	28	City & State				Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country		Zip	C	ountry	,	8. This corporation owes or has paid the		
24	25	29	34/39	30			Personal Property Tax due June 30.		☐ No
	9. Name and Address of Cur	rent Regis	stered Agent		Ι		10. Name and Address of New Register		
ZEHNDER, JOHN P 26235 HICKORY BLVD. SW STE PH-D BONITA BCH FL 33928					81 62 83	Street A	et Address (P.O. Box Number is Not Acceptable)		
					84	City		=L 85 ヹ゚゚゚	\(\frac{1}{2}\)
agent. La SIGNATURE	m familiar with, and accept the ob- Signature, typed or printed name of registered OFFICERS A	ligations o	of, Section 607.0505, F	Florida St	atute	5.	oration's board of directors. I hereby accept the squired when reinstating) ADDITIONS/CHANGES TO OFFICERS	TE	
TITLE	PT		DELETE	1.1	TITLE			Change	Addition
NAME	ZEHNDER, JOHN			1.2	NAME	l			
STREET ADDRESS	26235 HICKORY BLVD., SV	v., suite	PH-D	1.3	STREET	ADDRESS			
CITY-ST-ZIP	BONITA BCH FL			1.4	CITY-S	ST-ZIP			
TITLE	VPS		☐ DELETE	21	TITLE			Change	Addition
NAME	ZEHNDER, LINDA			2.2	NAME				
STREET ADDRESS	28235 HICKORY BLVD., SV	v, suite	PH-D	2.3	STAEET	ADDRESS			
CITY-ST-ZIP	BONITA BCH FL			2. 4	CITY-	ST-ZIP			
TITLE			DELETE	3.1	TITLE			☐ Change	Addition
NAME				3.2	NAME				
STREET ADDRESS				3.3	STREET	ADDRESS			
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		T nevere			ST-ZIP			1.100
TITLE			DELETE		THTLE			Change	Addition
NAME					NAME				
STREET ADDRESS				- 1		ADDRESS			
CITY-ST-ZIP			DELETE		CITY - S	1-ZIP		Change	Addition
TITLE					TITLE			L Change	L. AOURION
NAME					NAME				
STREET ADDRESS						ADDRESS			
CITY-ST-ZIP			DELETE		CITY - S	I-ZIP		Change	Addition
TITLE			L DELETE		TITLE			L. CHAINGE	
NAME					NAME	4000500			
STREET ADDRESS						ADDRESS			
CITY-ST-ZIP	12 5 Tu				CITY-S		in Section 119.07(3)(i) Florida Statutes I furthe		

indicated on this annual report or supplied with this ning does not qualify for the exemption stated in Section 119.07(3)(j), 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.