

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathan
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V56471** (8)

1. Corporation Name
ZINSER COMMUNICATIONS, INC.



Principal Place of Business

~~471-COMMERCIAL BLVD.
NAPLES FL 33942~~

2009 TRADE CENTER WAY

Mailing Address

~~471-COMMERCIAL BLVD.
NAPLES FL 33942~~

2009 TRADE CENTER WAY

2. Principal Place of Business

21 **2009 TRADE CENTER WAY**
State, Apt. #, etc.

22

City & State

23 **NAPLES FL**
Zip Country

24 **33942**

25 **Collier**

2a. Mailing Address

26 **2009 TRADE CENTER WAY**
State, Apt. #, etc.

27

City & State

28 **NAPLES FL**
Zip Country

29 **33942**

30 **Collier**

9. Name and Address of Current Registered Agent

**ZINSER, TRENT A.
1833 COURTYARD WAY
SUITE 205
NAPLES FL 33962**

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 607.05(2) and 607.15(3), 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 607.06(2), Florida Statutes.

SIGNATURE:

12. OFFICERS AND DIRECTORS

TITLE	PS	<input type="checkbox"/> DELETE
NAME	ZINSER, TRENT A.	
STREET ADDRESS	1833 COURTYARD WAY #205	
CITY-STATE-ZIP	NAPLES FL 33962	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	WELTY, RICHARD J	
STREET ADDRESS	265 LELY BEACH BLVD #604	
CITY-STATE-ZIP	BONITA SPRINGS FL 33923	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	334 TRADEWINDS AVE
24 CITY-STATE-ZIP	NAPLES FL 33963
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), 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.

SIGNATURE:

Richard J. Welty, VP

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-96

941-588-3500

CR2E034 (12/95)