

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

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA
APPROVED
AND
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95 APR 17 PH 1:04
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # F44706 (2)
1. Corporation Name
MATZNER, ZISKIND & JAFFEE, P.A.

Principal Place of Business: **C/O FLORIDA REGISTERED AGENTS, INC. 100 SE 2 ST #3000 MIAMI FL 33131**
Mailing Address: **C/O FLORIDA REGISTERED AGENTS, INC. 100 SE 2 ST #3000 MIAMI FL 33131**

3. Date Incorporated or Qualified: **09/16/1981** 3a. Date of Last Report: **04/07/1994**
4. FEI Number: **59-2129405** 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 has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21 2601 S. Bayshore Dr. Suite 1600 Miami, Florida 33133 U.S.**
2a. Mailing Address: **26 2601 S. Bayshore Dr. Suite 1600 Miami, Florida 33133 U.S.**

9. Name and Address of Current Registered Agent: **FLORIDA REGISTERED AGENTS INC 100 SE 2 ST #3000 MIAMI FL 33131**
10. Name and Address of New Registered Agent: **81 Name: A Z Registered Agent Corporation; 82 Street Address: 2601 S. Bayshore Dr.; 83 Suite 1600; 84 City: Miami, FL; 85 Zip Code: 33133**

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 Sections 607.0502 and 607.1508, Florida Statutes.

By: **J.A. Ziskind, President** (Signature) **J.A. Ziskind, President** (Typed Name) **_____** (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: MATZNER, GARY C	1.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 100 SE 2 ST #3000	CITY - ST - ZIP: MIAMI FL	1.2 NAME:	
		1.3 STREET ADDRESS: 2601 S. Bayshore Dr., Suite 1600	
		1.4 CITY - ST - ZIP: Miami, Florida 33133	
TITLE: STD	NAME: ZISKIND, J. A.	2.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 100 SE 2 ST #3000	CITY - ST - ZIP: MIAMI FL	2.2 NAME:	
		2.3 STREET ADDRESS: 2601 S. Bayshore Dr., Suite 1600	
		2.4 CITY - ST - ZIP: Miami, Florida 33133	
TITLE:	NAME:	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY - ST - ZIP:	3.2 NAME:	
		3.3 STREET ADDRESS:	
		3.4 CITY - ST - ZIP:	
TITLE:	NAME:	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY - ST - ZIP:	4.2 NAME:	
		4.3 STREET ADDRESS:	
		4.4 CITY - ST - ZIP:	
TITLE:	NAME:	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY - ST - ZIP:	5.2 NAME:	
		5.3 STREET ADDRESS:	
		5.4 CITY - ST - ZIP:	
TITLE:	NAME:	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY - ST - ZIP:	6.2 NAME:	
		6.3 STREET ADDRESS:	
		6.4 CITY - ST - 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 110.07(3)(k), Florida Statutes. I further certify that the information indicated on the 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) by an affidavit with an address.

SIGNATURE: J.A. Ziskind, Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **J.A. Ziskind, Director** (Date) (Day/Mo/Yr):