

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

APPROVED AND FILED

96 MAY -1 PM 5:49

DOCUMENT # F73751 (2)

1. Corporation Name
THE ZUCKERMAN ORGANIZATION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business: 6650 N.W. 41ST STREET CORAL SPRINGS FL 33067 US
Mailing Address: 6650 N.W. 41ST STREET CORAL SPRINGS FL 33067 US

3. Date Incorporated or Qualified: 03/19/1982
3a. Date of Last Report: 05/01/1995
4. F&I Number: 59-2187997
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 Suite Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STERN, JEROME
17071 WEST DIXIE HIGHWAY
NORTH MIAMI BEACH FL 33160

81 Name: Peter M. Hodkin
82 Street Address (P.O. Box Number is Not Acceptable): 2204 W. Commercial Blvd.
83 Suite 302 4100
84 City: Ft. Lauderdale FL 85 Zip Code: 33309

11. Pursuant to the provisions of Sections 607.0602 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. This 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 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* Peter M. Hodkin 5/6/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	SD	<input type="checkbox"/> DELETE
NAME	ZUCKERMAN, DAVID	
STREET ADDRESS	6650 N.W. 41ST STREET	
CITY- ST- ZIP	CORAL SPRINGS FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ZUCKERMAN, ANDREW	
STREET ADDRESS	6650 N.W. 41ST STREET	
CITY- ST- ZIP	CORAL SPRINGS FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	ZUCKERMAN, STEVEN	
STREET ADDRESS	6650 N.W. 41ST STREET	
CITY- ST- ZIP	CORAL SPRINGS FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ZUCKERMAN, STUART	
STREET ADDRESS	6650 N.W. 41ST STREET	
CITY- ST- ZIP	CORAL SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	000001823870	
13 STREET ADDRESS	-05/16/96--01016--009	
14 CITY- ST- ZIP	****200.00 ****200.00	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY- ST- ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY- ST- ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY- ST- ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY- ST- ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 119.07(3)(k), 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ANDREW ZUCKERMAN

4/28/96 954-702-4700
Date Filed Date of Filing

CR2E034 (12/95)