

**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 # F73751 (2)**  
1. Corporation Name  
**THE ZUCKERMAN ORGANIZATION, INC.**

**FILED**  
98 JUL 30 PM 11 11

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**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 <b>6351 San Michel Way</b>		26 <b>6351 San Michel Way</b>		03/19/1992	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
23 City & State		28 City & State		59-2187997	
24 Zip		29 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 Country		30 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>HODKIN, PETER M 2101 W. COMMERCIAL BLVD. SUITE 4100 FT. LAUDERDALE FL 33309</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				<b>FL</b>			

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, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZUCKERMAN, DAVID		1.2 NAME		
STREET ADDRESS	6650 N.W. 41ST STREET		1.3 STREET ADDRESS	<b>6351 San Michel Way</b>	
CITY-ST-ZIP	CORAL SPRINGS FL		1.4 CITY-ST-ZIP	<b>Delray Beach, FL 33484</b>	
TITLE	PD	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZUCKERMAN, ANDREW		2.2 NAME		
STREET ADDRESS	6650 N.W. 41ST STREET		2.3 STREET ADDRESS	<b>6351 San Michel Way</b>	
CITY-ST-ZIP	CORAL SPRINGS FL		2.4 CITY-ST-ZIP	<b>Delray Beach, FL 33484</b>	
TITLE	VPD	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZUCKERMAN, STEVEN		3.2 NAME		
STREET ADDRESS	6650 N.W. 41ST STREET		3.3 STREET ADDRESS	<b>6351 San Michel Way</b>	
CITY-ST-ZIP	CORAL SPRINGS FL		3.4 CITY-ST-ZIP	<b>Delray Beach, FL 33484</b>	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS	<b>500002604585-1</b>	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	<b>-07/31/98-01094-024</b>	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS	<b>****150.00</b>	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	<b>****150.00</b>	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: \_\_\_\_\_ **6-30-98**

CR2E034 (10/97)

*Handwritten initials and date: 7/30/98*