


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

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90071 024 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F98000001115

1. Corporation Name
ZACHARY CATALOGS CORP.

Principal Place of Business 22 HARBOR PARK DRIVE PORT WASHINGTON NY 11050	Mailing Address 22 HARBOR PARK DRIVE PORT WASHINGTON NY 11050
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	1090 KAPP DR.	26		02/20/1998	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		4. FEI Number	
22		27		11-3419803	
23. City & State		28. City & State		5. Certificate of Status Desired	
23 CLEARWATER, FL		28		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip		29. Zip		30. Country	
33765		25. Country		29	
25 USA		30		8. This corporation owes the current year Intangible Personal Property Tax.	
				<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			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOZOIS, LEONARD	1.2 NAME	
STREET ADDRESS	1090 KAPP DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	
TITLE	CVD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEEDS, BRUCE	2.2 NAME	
STREET ADDRESS	22 HARBOR PARK DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT WASHINGTON NY	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSH, CURT	3.2 NAME	
STREET ADDRESS	22 HARBOR PARK DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT WASHINGTON NY	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEEDS, RICHARD	4.2 NAME	
STREET ADDRESS	22 HARBOR PARK DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PORT WASHINGTON NY	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEEDS, ROBERT	5.2 NAME	
STREET ADDRESS	22 HARBOR PARK DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	PORT WASHINGTON NY	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEINBERG, CHARLES	6.2 NAME	
STREET ADDRESS	22 HARBOR PARK DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	PORT WASHINGTON NY	6.4 CITY-ST-ZIP	
		GOLDSCHEIN, STEVEN 22 HARBOR PARK DR. PORT WASHINGTON, NY 11050	

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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED _____ 1/13/99 516-625-1555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E034 (11/98)