

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # K90418**

**(0)**

1. Corporation Name

**Z & M ENTITIES, INC.**

**FILED**

'95 FEB 17 PM 3:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

Principal Place of Business

1250 SW 102ND AVE  
P O BOX 600 550  
PEMBROKE PINES FL 33025  
US

Mailing Address

1250 SW 102ND AVE  
P O BOX 600 550  
PEMBROKE PINE FL 33025  
US

3. Date Incorporated or Qualified  
**05/23/1989**

3a. Date of Last Report  
**05/01/1994**

4. FEI Number  
**65-0138710**

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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STERN, TANNENBAUM & ISRAEL PA  
17071 W DIXIE HWY  
N MIAMI BEACH FL 33160**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

**FL**

B5 Zip Code

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME ZUCKERMAN, ANDREW  
STREET ADDRESS 6650 NW 41ST ST  
CITY - ST - ZIP CORAL SPRINGS FL

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE VPD  
NAME ZUCKERMAN, MELVIN  
STREET ADDRESS 6650 NW 41ST ST  
CITY - ST - ZIP CORAL SPRINGS FL

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE VPD  
NAME ZUCKERMAN, IRWIN  
STREET ADDRESS 6650 NW 41ST ST  
CITY - ST - ZIP CORAL SPRINGS FL

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE SD  
NAME ZUCKERMAN, DAVID  
STREET ADDRESS 6650 NW 41ST ST  
CITY - ST - ZIP CORAL SPRINGS FL

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE TD  
NAME ZUCKERMAN, STEVEN  
STREET ADDRESS 6650 NW 41ST ST  
CITY - ST - ZIP CORAL SPRINGS FL

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE VPD  
NAME ZUCKERMAN, STUART  
STREET ADDRESS 6650 NW 41ST ST  
CITY - ST - ZIP CORAL SPRINGS FL

6.1 TITLE  Change  Addition  
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)(d), 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 of this report, or on an attachment with an address.

SIGNATURE:

*Stuart Zuckerman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/95  
DATE

305-436-1100  
TELEPHONE NUMBER