

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

**APPROVED
AND
FILED**

95 MAY -1 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K90418 (0)**
1. Corporation Name

Z & M ENTITIES, INC.

Principal Place of Business 1250 SW 102nd Ave. Pembroke Pines, FL 33025	Mailing Address 1250 SW 102nd Ave. Pembroke Pines, FL 33025
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29	3. Date Incorporated or Qualified 05/23/1989	3a. Date of Last Report 05/01/1994	4. FBI Number 65-0138710	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent STERN, TANNENBAUM & ISRAEL PA 17071 W DIXIE HWY N MIAMI BEACH, FL 33160	10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City B5 Zip Code
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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 re-registering.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P/D	NAME ZUCKERMAN, ANDREW	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 6650 N.W. 41st Street	CITY-ST-ZIP Coral Springs, FL 33067	1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	100001484431
TITLE V/P/D	NAME ZUCKERMAN, MELVIN	2.1 TITLE	-05/11/95--01083 Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS 6650 NW 41st Street	CITY-ST-ZIP Coral Springs, FL 33067	2.2 NAME	***200.00 ***200.00
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
TITLE V/P/D	NAME ZUCKERMAN, IRWIN	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6650 NW 41st Street	CITY-ST-ZIP Coral Springs, FL 33067	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
TITLE S/D	NAME ZUCKERMAN, DAVID	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6650 NW 41st Street	CITY-ST-ZIP Coral Springs, FL 33067	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE T/D	NAME ZUCKERMAN, STEVEN	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6650 NW 41st Street	CITY-ST-ZIP Coral Springs, FL 33067	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE V/P/D	NAME ZUCKERMAN, STUART	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6650 NW 41st Street	CITY-ST-ZIP Coral Springs, FL 33067	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 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: _____ DATE: 5-1-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR