

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K90418 (0)**  
1. Corporation Name  
**Z & M ENTITIES, INC.**



Principal Place of Business: 1250 SW 102ND AVE, 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: **02/17/1995**  
4. FEI Number: **65-0138710**  
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  
2a. Mailing Address: 26 **1250 S.W. 102 Ave.**  
Suite, Apt. #, etc.: 22  
City & State: 23 **Pembroke Pines, FL**  
Zip: 24 **33025** Country: 25  
Country: 29

9. Name and Address of Current Registered Agent  
**STERN, TANNENBAUM & ISRAEL PA  
17071 W DIXIE HWY  
N MIAMI BEACH FL 33180**

10. Name and Address of New Registered Agent  
81 Name: **Bedzow, Korn**  
82 Street Address (P.O. Box Number is Not Acceptable): **20803 Biscayne Blvd, Suite 200**  
83  
84 City: **Aventura, FL** 85 Zip Code: **33180**

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: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD ZUCKERMAN, ANDREW 6650 NW 41ST ST CORAL SPRINGS FL	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME
STREET ADDRESS		1.3 STREET ADDRESS
CITY-STATE-ZIP		1.4 CITY-STATE-ZIP
TITLE	VPD ZUCKERMAN, MELVIN 6650 NW 41ST ST CORAL SPRINGS FL	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME
STREET ADDRESS		2.3 STREET ADDRESS
CITY-STATE-ZIP		2.4 CITY-STATE-ZIP
TITLE	VPD ZUCKERMAN, IRWIN 6650 NW 41ST ST CORAL SPRINGS FL	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME
STREET ADDRESS		3.3 STREET ADDRESS
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP
TITLE	SD ZUCKERMAN, DAVID 6650 NW 41ST ST CORAL SPRINGS FL	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP
TITLE	TD ZUCKERMAN, STEVEN 6650 NW 41ST ST CORAL SPRINGS FL	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP
TITLE	VPD ZUCKERMAN, STUART 6650 NW 41ST ST CORAL SPRINGS FL	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-STATE-ZIP		6.4 CITY-STATE-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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**A-29-96** **305-436-1100**  
Date: \_\_\_\_\_ Date/Time Phone: \_\_\_\_\_

CR2E034 (12/95)