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Jun 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # K90418 (0)

1. Corporation Name

Z + M ENTITIES, INC.

Principal Place of Business: **1250 S.W. 102 AVE. PEMBROKE PINES, FL 33025**
 Mailing Address: **1250 S.W. 102 AVE. PEMBROKE PINES, FL 33025**

3. Date Incorporated or Qualified: **5/23/1989**
 3a. Date of Last Report: **4/30/96**

2. Principal Place of Business: **21 6650 NW 41 Street, Suite, Apt. #, etc. Coral Springs, FL 33067**
 2a. Mailing Address: **28 6650 NW 41 Street, Suite, Apt. #, etc. Coral Springs, FL 33067**

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

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

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/D NAME: ZUCKERMAN, ANDREW STREET ADDRESS: 6650 NW 41 Street CITY-ST-ZIP: Coral Springs, FL 33067	<input type="checkbox"/> DELETE	1.1 TITLE: [Blank] 1.2 NAME: [Blank] 1.3 STREET ADDRESS: [Blank] 1.4 CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V/P/D NAME: ZUCKERMAN, MELVIN STREET ADDRESS: 6650 N.W. 41 Street CITY-ST-ZIP: Coral Springs, FL 33067	<input type="checkbox"/> DELETE	2.1 TITLE: [Blank] 2.2 NAME: [Blank] 2.3 STREET ADDRESS: [Blank] 2.4 CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S/D NAME: ZUCKERMAN, DAVID STREET ADDRESS: 6650 NW 41 Street CITY-ST-ZIP: Coral Springs, FL 33067	<input type="checkbox"/> DELETE	3.1 TITLE: [Blank] 3.2 NAME: [Blank] 3.3 STREET ADDRESS: [Blank] 3.4 CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T/D NAME: ZUCKERMAN, STEVEN STREET ADDRESS: 6650 NW 41 Street CITY-ST-ZIP: Coral Springs, FL 33067	<input type="checkbox"/> DELETE	4.1 TITLE: [Blank] 4.2 NAME: [Blank] 4.3 STREET ADDRESS: [Blank] 4.4 CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> DELETE	5.1 TITLE: [Blank] 5.2 NAME: [Blank] 5.3 STREET ADDRESS: [Blank] 5.4 CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> DELETE	6.1 TITLE: [Blank] 6.2 NAME: [Blank] 6.3 STREET ADDRESS: [Blank] 6.4 CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: _____ **V. Prael**
 _____ **4-30-97**
 _____ **954-430-0923**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)