

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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90142 003 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L57570

1. Corporation Name
ZMACHERS POSTERS, INC.



Principal Place of Business 7911 NW 72 AVE #102 MEDLEY FL 33166	Mailing Address 7911 NW 72 AVE #102 MEDLEY FL 33166
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/12/1990	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0174942		Applied For <input type="checkbox"/> Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip Country	28 Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip Country	29 Zip Country	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 HARDISON, DORIS 7911 NW 72 AVE., #102 MEDLEY FL 33166				10. Name and Address of New Registered Agent			
				81 Name	McAllister, John A.		
				82 Street Address (P.O. Box Number is Not Acceptable)	7911 NW 72 AVE		
				83	#102		
				84 City	Miami	85 Zip Code	FL 33166

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 607.1508, Florida Statutes.

SIGNATURE: John A. McAllister John A. McAllister PRES - Dir 2-1-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P D	<input type="checkbox"/> DELETE		1.1 TITLE	CEO-DIRECTOR	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARDISON, DORIS C.			1.2 NAME	HARDISON, DORIS C.		
STREET ADDRESS	7911 NW 72ND AVE #102			1.3 STREET ADDRESS	7911 NW 72 AVE #102		
CITY-ST-ZIP	MIAMI FL			1.4 CITY-ST-ZIP	MIAMI FL		
TITLE	V D	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ZAMORA, CATHERINE M.			2.2 NAME			
STREET ADDRESS	7911 NW 72 AVE #102			2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			2.4 CITY-ST-ZIP			
TITLE	S T	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCALLISTER, KELLY			3.2 NAME			
STREET ADDRESS	7911 NW 72 AVE #102			3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			3.4 CITY-ST-ZIP			
TITLE	VPGM	<input type="checkbox"/> DELETE		4.1 TITLE	PRESIDENT - DIRECTOR	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCALLISTER, JOHN A.			4.2 NAME	MCALLISTER, JOHN A.		
STREET ADDRESS	7911 NW 72ND AVE #102			4.3 STREET ADDRESS	7911 NW 72 AVE #102		
CITY-ST-ZIP	MIAMI FL			4.4 CITY-ST-ZIP	MIAMI FL		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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: John A. McAllister John A. McAllister PRES Dir 2-1-99 305 888 2237
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)