

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

ORIGINAL

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # S80808 (6)

1. Corporation Name
ZABRO COMPANIES, INC.



Principal Place of Business
3111 STIRLING RD #C306 FT. LAUDERDALE FL 33312

Mailing Address
3111 STIRLING RD #C306 FT. LAUDERDALE FL 33312

3. Date Incorporated or Qualified **09/17/1991** 3a. Date of Last Report **06/14/1995**

2. Principal Place of Business
21 **3370 N.E. 5TH AVENUE**
Suite, Apt. #, etc.

2a. Mailing Address
26 **3370 N.E. 5TH AVENUE**
Suite, Apt. #, etc.

4. FEI Number **65-0300055** Applied For Not Applicable

22 City & State
23 **OAKLAND PARK, FL**

27 City & State
28 **OAKLAND PARK, FL**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

24 Zip **33334** 25 Country
29 Zip **33334** 30 Country

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
**ZABLOTSKY, CHARLES
3111 STIRLING RD
#C306
FT. LAUDERDALE FL 33312**

10. Name and Address of New Registered Agent
81 Name **ZABLOTSKY, CHARLES**
82 Street Address (P.O. Box Number is Not Acceptable) **3370 N.E. 5TH AVENUE**
83
84 City **OAKLAND PARK** FL 85 Zip Code **33334**

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	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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ZABLOTSKY, CHARLES
3111 STIRLING RD #C306
FT. LAUDERDALE FL

D
ZABLOTSKY, CHARLES
3370 N.E. 5TH AVENUE
OAKLAND PARK, FL 33334

300001806013
-05/03/96--01012--023 Change Addition

*****200.00**

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: *Charles Zablotzky*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CHARLES ZABLOTSKY

Date: **4-23-96** Daytime Phone: **954-565-8500**
(954) 565-8500