


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 |
|---|---|--|

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**



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 | 27 Suite, Apt. #, etc. | 30 | 4. FEI Number 65-0174942 | Applied For <input type="checkbox"/> Not Applicable |
| 22 City & State | 28 | 29 City & State | 32 | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 Zip | 25 Country | 29 Zip | 30 Country | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 9. Name and Address of Current Registered Agent HARDISON, DORIS 7911 NW 72 AVE., #102 MEDLEY FL 33166 | | | | 8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | |
|---|----------------------------|--------------------------------|
| 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**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)
PRES - Dir 2-1-99
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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES Dir 2-1-99 305 888 2237
Date Daytime Phone #

CR2E034 (11/98)