

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 26, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 464659**

1. Entity Name  
**Z.F.C. ASSOCIATES, INC.**



Principal Place of Business  
**C/O HERBERT L. FINE, ESQ.  
507 ROYAL PALM BCH. BLVD.  
ROYAL PALM BCH., FL 33411**

Mailing Address  
**C/O ALEX HOLLENDER  
450-7TH AVE.-SUITE 1802  
NEW YORK, NY 10123**

**DO NOT WRITE IN THIS SPACE**



01192004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-1562022**

Applied For  
Not Applied

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

**6. Name and Address of Current Registered Agent**

**HERBERT L. FINE, ESQ.  
507 ROYAL PALM BCH. BLVD.  
ROYAL PALM BCH., FL 33411**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and agree to, the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when retesting)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
FISCHBACH, RUTH  
100 RIVERSIDE DR., APT 3A  
NEW YORK, NY 10024**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PS  
ZEITLIN, ROBERT N.  
118 MYRTLE  
BOSTON, MA 02114**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

UD00000013554  
01/26/04-80058-010 150.00

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

*Robert N. Zeitlin*

**ROBERT N. ZEITLIN**

**1/22/04**

**617 523-25**