

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

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**Mar 21 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 # 676104 (3)**  
1. Corporation Name  
**ZELDON SHEINFELD AND ASSOCIATES, INC.**



Principal Place of Business <b>C/O DUNCANSON &amp; SHEINFELD, PA 2131 HOLLYWOOD BLVD. SUITE 507 HOLLYWOOD FL 33020</b>	Mailing Address <b>C/O DUNCANSON &amp; SHEINFELD, PA 2131 HOLLYWOOD BLVD. SUITE 507 HOLLYWOOD FL 33020-6753</b>	3. Date Incorporated or Qualified <b>06/25/1980</b>	3a. Date of Last Report <b>01/31/1996</b>
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2. Principal Place of Business 21 <b>9137A SW 20th Place</b> Suite, Apt. #, etc. 22 City & State 23 <b>Ft. Lauderdale, FL</b> Zip Country 24 <b>33324</b> 25 <b>Broward</b>	2a. Mailing Address 26 <b>9137A SW 20th Place</b> Suite, Apt. #, etc. 27 City & State 28 <b>Ft. Lauderdale, FL</b> Zip Country 29 <b>33324</b> 30 <b>Broward</b>	4. FEI Number <b>59-2004380</b>	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>SHEINFELD, ZELDON C/O DUNCANSON &amp; SHEINFELD, PA 2131 HOLLYWOOD BLVD, SUITE 507 HOLLYWOOD FL 33020</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) <b>9137A SW 20th Place</b> 83 84 City <b>Ft. Lauderdale</b> FL 85 Zip Code <b>33324</b>
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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: *ZELDON SHEINFELD* *Juan Almaguer* DATE: **3/19/97**  
(INDICATE REGISTERED AGENT SIGNATURE REQUIRED WHEN REINSTATING)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>DPS</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SHEINFELD, ZELDON</b>		1.2 NAME	
STREET ADDRESS <b>9137A SW 20TH PLACE</b>		1.3 STREET ADDRESS	
CITY-STATE-ZIP <b>FT LAUDERDALE FL</b>		1.4 CITY-ST-ZIP	<b>33324</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-STATE-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-ST-ZIP	
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-STATE-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-STATE-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Juan Almaguer* DATE: **3/12/97**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)