

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

CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F08375

1. Corporation Name

ZUBCOV ENTERPRISES, INC.

Principal Place of Business

Mailing Address

100 PINELLAS BAY
TIERRA VERDE, FL 33715

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
12/08/1980

3a. Date of Last Report
05/01/95

2. Principal Place of Business
21 200 Central Avenue

2a. Mailing Address
26 200 Central Avenue

4. FEI Number
59-2046928

Applied For
Not Applicable

Suite, Apt. #, etc.
22 23rd Floor, Barnett Tower

Suite, Apt. #, etc.
27 23rd Floor, Barnett Tower

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

City & State
23 St. Petersburg, FL

City & State
28 St. Petersburg, FL

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

Zip 33701 Country Pinellas

Zip 33701 Country Pinellas

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

HARRELL, ROY G. JR.
BARNETT TOWER
23RD FLOOR, 200 CENTRAL AVENUE
ST. PETERSBURG, FL 33701

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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

Roy G. Harrell
Signature, typed or printed name of registered agent and date if applicable.

NOTE: Registered Agent signature required when reinstating

April 17/96
DATE

12. OFFICERS AND DIRECTORS

TITLE	S/T/D
NAME	SOUPCOFF, HAROLD
STREET ADDRESS	1485 WHITEHORSE ROAD
CITY-ST-ZIP	DOWNSVIEW, ONTARIO, CD
TITLE	P/D
NAME	SOUPCOFF, KAREN
STREET ADDRESS	1485 WHITEHORSE ROAD
CITY-ST-ZIP	DOWNSVIEW, ONTARIO, CD
TITLE	V/D
NAME	SOUPCOFF, ROCHELLE
STREET ADDRESS	1485 WHITEHORSE ROAD
CITY-ST-ZIP	DOWNSVIEW, ONTARIO, CD
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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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:

Sandra B. Morham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 2, 1996
Date

813-821-7000
905-886-1182
Daytime Phone