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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # F93000000879 (7)

1. Corporation Name
ZCS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
25 MAIN STREET HACKENSACK NJ 07602 25 MAIN STREET HACKENSACK NJ 07602

3. Date Incorporated or Qualified 03/17/1993	3a. Date of Last Report 05/01/1994
4. FEI Number 22-2939908	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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	

2. Principal Place of Business 21	2a. Mailing Address 26
22. Suite Apt. # etc.	27. Suite Apt. # etc.
23. City & State	28. City & State
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent
BODIFORD, LARRY A
620 MCKENZIE AVE
PANAMA CITY FL 32401

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 607.0602 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 607.0605, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME P STERN, STANLEY 25 MAIN STREET HACKENSACK NJ 07602	12.2 TITLE	13.1 NAME	☐ Change ☐ Addition
12.3 STREET ADDRESS		13.2 NAME	
12.4 CITY, ST, ZIP		13.3 STREET ADDRESS	
12.5 CITY, ST, ZIP		13.4 CITY, ST, ZIP	
12.6 NAME V SCHOTZ, EDWARD 25 MAIN STREET HACKENSACK NJ 07602	12.7 TITLE	13.5 NAME	☐ Change ☐ Addition
12.8 STREET ADDRESS		13.6 NAME	
12.9 CITY, ST, ZIP		13.7 STREET ADDRESS	
12.10 CITY, ST, ZIP		13.8 CITY, ST, ZIP	
12.11 NAME VS FORMAN, MICHAEL 25 MAIN STREET HACKENSACK NJ 07602	12.12 TITLE	13.9 NAME	☐ Change ☐ Addition
12.13 STREET ADDRESS		13.10 NAME	
12.14 CITY, ST, ZIP		13.11 STREET ADDRESS	
12.15 CITY, ST, ZIP		13.12 CITY, ST, ZIP	
12.16 NAME AST BLOCH, STUART 2101 CORPORATE BLVD, NW, SUITE 400 BOCA RATON FL 33431	12.17 TITLE	13.13 NAME	☐ Change ☐ Addition
12.18 STREET ADDRESS		13.14 NAME	
12.19 CITY, ST, ZIP		13.15 STREET ADDRESS	
12.20 CITY, ST, ZIP		13.16 CITY, ST, ZIP	
12.21 NAME	12.22 TITLE	13.17 NAME	☐ Change ☐ Addition
12.23 STREET ADDRESS		13.18 NAME	
12.24 CITY, ST, ZIP		13.19 STREET ADDRESS	
12.25 CITY, ST, ZIP		13.20 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not comply for the exemption subject to Section 139.03(2)(a), Florida Statutes. I further certify that the information included 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 on the record or holder of an ownership interest in the report as required by Chapter 147, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Stanley Stern, President

4/23/95