


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

FILED  
Jun 09 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> 1. Corporation Name <b>ZAK BROTHERS, INC.</b> <i>G35946</i>			
Principal Place of Business <b>5741 Reims Place, S.W. Ft. Myers, FL 33907</b>		Mailing Address <b>5741 Reims Place, S.W. Ft. Myers, FL 33907</b>	
2. Principal Place of Business 21 <b>5741 Reims Place, S.W.</b> Suite, Apt. #, etc. 22		2a. Mailing Address 26 <b>5741 Reims Place, S.W.</b> Suite, Apt. #, etc. 27	
City & State 23 <b>Ft. Myers, Florida</b> Zip 24 <b>33907</b>		City & State 28 <b>Ft. Myers, Florida</b> Zip 29 <b>33907</b>	
Country 25 <b>USA</b>		Country 30 <b>USA</b>	
3. Date Incorporated or Qualified <b>4-17-83</b>			
3a. Date of Last Report <b>5-01-96</b>			
4. FEI Number <b>59-2299742</b>			
Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
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>Dean B. Zak 8919 North Fork Drive N. Ft. Myers, FL 33903</b>		10. Name and Address of New Registered Agent 81 Name <b>Dean B. Zak</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>5741 Reims Place, S.W.</b> 83 84 City <b>Ft. Myers</b> 85 Zip Code <b>FL 33907</b>	
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 <i>Dean B. Zak</i> <b>Dean B. Zak</b> <b>6/04/97</b> <small>Signature, typed or printed name of registered agent or officer, if applicable. (NOTE: Registered Agent's signature required when reinstating.) DATE</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>VSDT Dennis B. Zak 5524 Cognac Drive Ft. Myers, FL 33907</b>		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>PD Dean B. Zak 5741 Reims Place, S.W. Ft. Myers, FL 33907</b>		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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. <b>SIGNATURE: <i>Dean B. Zak</i> Dean B. Zak 6/04/97 (941)489-1460</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

CR2E034 (9/96)

*6-9-97*  
**600002210976  
-06/13/97--01003--022  
\*\*\*165.00**