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FILED

Apr 14 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 # G46941 (2)

1. Corporation Name
MEL ZILINSKY SALES COMPANY, INC.



Principal Place of Business
**2406 LOB-LOLLY LANE
DEERFIELD BEACH FL 33442**

Mailing Address
**2406 LOB-LOLLY LANE
DEERFIELD BEACH FL 33442-1310**

3. Date Incorporated or Qualified **06/30/1983** 3a. Date of Last Report **04/18/1996**

4. FEI Number **13-2725161** 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 **6857 SUN RIVER RD.**
Suite, Apt. #, etc.

2a. Mailing Address
26 **6857 SUN RIVER RD.**
Suite, Apt. #, etc.

22 City & State
23 **BOYNTON BEACH, FL.**

27 City & State
28 **BOYNTON BEACH, FL.**

24 Zip **33437** 25 Country **PALM BEACH**

29 Zip **33437** 30 Country **PALM BEACH**

9. Name and Address of Current Registered Agent

**FISHER, STEVEN P
300 PINE ISLAND ROAD
SUITE 110
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name **BERNARD BARR**
82 Street Address (P.O. Box Number is Not Acceptable)
6351 LA SALLE DR.
83
84 City **DELRAY BEACH** FL 85 Zip Code **33484**

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

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

4-5-97

DATE

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	ZILINSKY, ALAN	
STREET ADDRESS	2406 LOBLOLLY LANE	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	ZILINSKY, MYRNA	
STREET ADDRESS	2406 LOB-LOLLY LANE	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	6758 SUN RIVER RD
1.4 CITY-ST-ZIP	BOYNTON BEACH, FL. 33437
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	6758 SUN RIVER RD.
2.4 CITY-ST-ZIP	BOYNTON BEACH, FL. 33437
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	

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/97

861-734-5852
Daytime Phone #

CR2E034 (9/96)