

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

APPROVED AND FILED

96 MAY -1 PM 5:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # **G90890 (6)**

1. Corporation Name
Z & M COMMUNITIES, INC.

Principal Place of Business: **6650 NW 41ST ST CORAL SPRINGS FL 33067-3016 US**
Mailing Address: **6650 NW 41ST ST CORAL SPRINGS FL 33067 US**

3. Date Incorporated or Qualified: **02/10/1984** 3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2386737** 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, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 Zip Country

9. Name and Address of Current Registered Agent
**STERN, JEROME
17071 WEST DIXIE HIGHWAY
NORTH MIAMI BEACH FL 33160**

10. Name and Address of New Registered Agent
81 Name: **Peter Hodkin**
82 Street Address (P.O. Box Number is Not Acceptable): **2204 W. Commercial Blvd.**
83 **Suite 400**
84 City: **Fort Lauderdale** FL 85 Zip Code: **33309**

11. Pursuant to the provisions of Sections 607.0502 and 607.0508 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 607.0509 Florida Statutes.

SIGNATURE: *Peter M. Hodkin* Peter M. Hodkin 5/6/96

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ZUCKERMAN, ANDREW	
STREET ADDRESS	6650 NW 41ST ST	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	ASD	<input type="checkbox"/> DELETE
NAME	ZUCKERMAN, STEVEN	
STREET ADDRESS	6650 NW 41ST ST	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ZUCKERMAN, MELVIN	
STREET ADDRESS	6650 NW 41ST ST	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ZUCKERMAN, DAVID	
STREET ADDRESS	6650 NW 41ST ST	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ZUCKERMAN, STUART	
STREET ADDRESS	6650 NW 41ST ST	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	000001823880
13 STREET ADDRESS	-05/18/96--01016--011
14 CITY-ST-ZIP	****200.00 ****200.00
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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 unchanged, or on an attachment with an address.

SIGNATURE: *Andrew Zuckerman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Andrew Zuckerman

4/22/96 904-702-4700
Date Office Phone

CR2E034 (12/95)