

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

DOCUMENT # J11580 (4)

1. Corporation Name

J & A ZEMBRON, INC.



Principal Place of Business

Mailing Address

% JAN ZEMBRON
721 N.W. 89TH TERR.
PEMBROKE PINES FL 33024

% JAN ZEMBRON
721 N.W. 89TH TERR.
PEMBROKE PINES FL 33024

3. Date Incorporated or Qualified 04/28/1986	3a. Date of Last Report 01/24/1995
4. FEI Number 59-2676027	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	2a. Mailing Address
21. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

ZEMBRON, JAN
721 N.W. 89TH TERR.
PEMBROKE PINES FL 33024

10. Name and Address of New Registered Agent

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

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 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 of Registered Agent or Officer and Director (if applicable)

Signature of Registered Agent or Officer and Director (if applicable)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	PST	1. TITLE	☐ Change ☐ Addition
2. NAME	ZEMBRON, JAN	2. NAME	
3. STREET ADDRESS	721 N.W. 89TH TERR.	3. STREET ADDRESS	
4. CITY-STATE-ZIP	PEMBROKE PINES FL	4. CITY-STATE-ZIP	
5. TITLE	VP	5. TITLE	☐ Change ☐ Addition
6. NAME	ZEMBRON, ANDRZEY	6. NAME	
7. STREET ADDRESS	8630 SW 12 ST BOX K-4	7. STREET ADDRESS	
8. CITY-STATE-ZIP	PEMBROKE PINES FL	8. CITY-STATE-ZIP	
9. TITLE		9. TITLE	☐ Change ☐ Addition
10. NAME		10. NAME	
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY-STATE-ZIP		12. CITY-STATE-ZIP	
13. TITLE		13. TITLE	☐ Change ☐ Addition
14. NAME		14. NAME	
15. STREET ADDRESS		15. STREET ADDRESS	
16. CITY-STATE-ZIP		16. CITY-STATE-ZIP	
17. TITLE		17. TITLE	☐ Change ☐ Addition
18. NAME		18. NAME	
19. STREET ADDRESS		19. STREET ADDRESS	
20. CITY-STATE-ZIP		20. CITY-STATE-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 if changed, or on an amendment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

1-28-96

305-432-5724

Daytime Phone #

CR2E034 (12/95)