

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

FILED
Jan 16 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 JAN ZEMBRON		26 JAN ZEMBRON		04/28/1986	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FET Number	
22 5220 N.E. 33 Ave.		27 5220 N.E. 33 Ave		59-2676027	
City & State		City & State		Applied For	
23 Ft. Lauderdale Florida		28 Ft. Lauderdale Florida		Not Applicable	
Zip		Zip		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
24 33308		29 33308		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	
25 USA		30 USA			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name	ZEMBRON JAN
82 Street Address (P.O. Box Number is Not Acceptable)	5220 N.E. 33 Ave
83	Florida
84 City	Ft. Lauderdale
85 Zip Code	FL 33308

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 **JAN ZEMBRON PST**

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

(NOTE: Registered Agent signature required when reinstating)

1-5-98

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ZEMBRON, JAN	1.2 NAME	
STREET ADDRESS	721 N.W. 89TH TERR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	1.4 CITY-ST-ZIP	
TITLE	VP ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ZEMBRON, ANDRZEY	2.2 NAME	
STREET ADDRESS	8630 SW 12 ST BOX K-4	2.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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.

CR2E034 (10/97)