Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90005 046 ***158.75

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

i. Corporation						
J & A ZE	embron, Inc.					
Principal Place	of Business	Mailing Address		('DB()(# 8:61 (:09) (180) B()#) (9)() DB() D10)	18(1 B18)(B18(1 B1	#11 B1B11 14B1
ZEMBRON. JAN		ZEMBRON. JAN				
5220 NE 33RD		5220 NE 33RD AVE		DO NOT WRITE IN THIS	SPACE	
FT LAUDERDAL US	E FL 33308	FT LAUDERDALE FL 33308 US		3. Date Incorporated or Qualifed	017102	
03		03		04/28/1986		
2 Principal Pl	ace of Business	2a. Mailing Address		4, FEI Number	App	lied For
21		26		59-2676027	Not	Applicable
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.			\$8.75 A	dditional
22		27		5. Certifcate of Status Desired	Fee Rec	uired
City & State)	City & State		6. Election Campaign Financing	\$5.00 N	May Be
23		28		Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Int	angible	₩1
24		29 3	0	Personal Property Tax.		X∮No
	9. Name and Address of Current	t Registered Agent	81 Name 5	10. Name and Address of New Registered	Agent	-
7EM	RRON KAN		J. Name	CEMBRON JAN_		_
ZEMBRON, KAN 5220 NE 33RD AVE			82 Street Add	dress (P.O. Box Number is Not Acceptable)		
FT LAUDERDALE FL 33308			83 .72	120 N.E. 33 RJ. HVC.		_
	MODERIDALE I E 00000		"			_
			84 City	et Laudendale FL	85 Zip C	ode 30 <i>8</i>
11 Dureuant f	the provisions of Sections 607 0502	2 and 607 1508. Florida Statutes	the above-named col	moration submits this statement for the purpose of	changing its r	egistered
office or re	agistered agent or both in the State o	of Florida. Such change was auti	honzed by the corpora	tion's board of directors. I hereby accept the appoi	ntment as reg	istered
agent. I ar	n familiar with, and accept the obligat	lons of, Section 607.0505, Florid	ia Statutes,	1-8-44		•
SIGNATURE	Signature, typed of pointed name of registered agen	at and title if applicable. (NOTE: R	tegistered Agent signature requi			
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTOR	
TITLE	PST	☐ DELETE	1.1 TITLE	25.7.	Change	☐ Addition
NAME	ZEMBRON, JAN		12 NAME	EMBRON JAN 5220 N.E. 33 Ave.		
STREET ADDRESS	721 N.W. 89TH TERR.		1.3 STREET ADDRESS	120 N.E. 55 174.		
CITY-ST-ZIP	PEMBROKE PINES FL		1.4 CITY-ST-ZIP	t. Lauderdale FL. 33308		
TITLE	VP	☐ DELETE	2.1 TITLE	V.Y.	Change	Addition
NAME	ZEMBRON, ANDRZEY		2.2 NAME	ZEMBRON, ANDRZEJ 8630 SU 12 St. Box K-4		
STREET ADDRESS	8630 SW 12 ST BOX K-4		2.3 STREET ADDRESS	86 30 50 12 57. 130x K-9	_	
CITY-ST-ZIP	PEMBROKE PINES FL			Pembroke Pines FL. 33025		T Addition
TITLE		☐ DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3 3 STREET ADDRESS			'
CITY-ST-ZIP						
TITLE			3.4. CITY-ST-ZIP		Channa	□ Addition
NAME		☐ DELETE	4.1 TITLE		☐ Change	Addition
		☐ DELETE	4.1 TITLE 4. 2 NAME		☐ Change	☐ Addition
STREET ADDRESS		☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP			4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP TITLE NAME			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME			

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 or an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-594-1789