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

PROFIT CORPORATION ANNUAL REPORT



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

1996 DOCUMENT # 1. Corporation Name

J51176

(2)

Z & G REALTY, INC.

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Principal Place of Business Mailing Address				£ 1003150 0101 01101 13001 31011 18059 0	ISNI MIMIL MIMIL MIMSE MINIE MIMIE MIMIE IMMI	
7327 BALLANT BOCA RATON		7327 BALLANTRAE CI BOCA RATON FL 334				
					3. Date Incorporated or Qualified 01/09/1987	3a. Date of Last Report 07/20/1995
2. Principal Pla	ce of Business	2a. Malling Address			4. FEI Number	Applied For
21		26		59-2784663	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, elc. 27		5. Certificate of Status Desired	S8.75 Additional Fee Required	
City & State		Orty & State		6. Election Campaign Financing	\$5.00 May Be	
Zip Country		Zip Country		Trust Fund Contribution	Added to Fees	
24 25 25		2.00	30	uy	8. This corporation has liability for in Florida Statutes	
2-7	9. Name and Address of Curre		1301		10. Name and Address of New Re	
	**************************************			31 Name		growtou rigott
ZUCKER.	NORMAN		ļ.	S	History (D.C. Day M. John M. M. M. J. M. J	
	LANTRAE CT.		1	32 Street A	ddress (P.O. Box Number is Not Acceptable) ⁾
BOCA RA		Ī	33			
2007110			ļ.			
],	City		Fi 85 Zip Code
tamiliar with SIGNATURE	id agent, or both, in the State of Flo n, and accept the obligations of Sec Sgnature, typical or printed name of registered ago	ction 607.0505, Florida Statu te	\$.		oard of directors. I hereby accept the appoint	ntment as registered agent. I am
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	D	☐ DELETE	1.1 [1]]	E		Change Addition
NAME	ZUCKER, STEWART		1.2 NAM	1E.		
STREET ADDRESS	80.99 FAIRWAY TRAIL		1.3 STR	EET ADDRESS		
CITY-SI-ZIP	BOCA RATON FL	7. 17.1.1.17.7.17. 1. 4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4	1.4 CITY	-ST-ZIP		
₹fTL€	D	DETELE	2 1 1110	.E		Change Addition
NAME	ZUCKER, NORMAN		2.2 NAM	E		
STREET ADDRESS	7327 BALLANTRAE CT.		2 3 STRI	ET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	Fig. 651 655	2.4 CITY			
TITLE		DELETE	3 1 1111			Change Maddition
NAME			3 2 NAM			
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP TITLE	**** .1 P** 184 174 17 M 164 MACAD AND AND AND AND AND AND AND AND AND A	T] DELETE	3.4 C(TY			Change D Addition
NAME			4.17 11	i		Change Addition
STREET ADDRESS			4.2 NAM	ET ADDRESS		
CITY-ST-ZIP			4.5 STR			
TITLE	***************************************	DELETE	5. 1 TiTu			Change Addition
NAME			5.2 NAM			
STREET ADDRESS				ET AUDRESS		
C/TY-ST-ZIP						
TITLE	☐ DELETE		5.4 CITY-ST-7:P 6. 1 TiTLE			Change Addition
NAME			6.2 NAM	F		
STREET ADDRESS			l l	ET ADDRESS		
CITY-S1-7P			6.4 C(1)			
certity that t	he information indicated on this ann am an officer or director of the corp	iua: réport or suppliemental ann	nished and do jual report is t e empowered	es not qualif	y for the exemption stated in Section 119.07 urate and that my signature shall have the sa this report as required by Chapter 607, Flori	ame local offect as if made under

SIGNATURE:

NORMAN P, ZUCKER HJ29/96

407368-3343