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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996		DIVISION OF CORPORATIONS					
DOCUMENT # K	07437	(2)					
Z & S CORP.					4 10 0 10 11 0 11 0 0 11 1 0 10 1 0 10 10	IANE ANDEN ANDEN AFAIR A	IBIL DEDEL ÖLDIR ISDA
Principal Place of Business	Mailing A	ddress					
699 SOUTH FEDERAL HIGHWAY DEERFIELD BEACH FL 33441-4153	699 SO	699 SOUTH FEDERAL HIGHWAY DEERFIELD BEACH FL 33441-4153					
					3. Date incorporated or Qualified 12/16/1987	3a. Date of Las 04/27/1	
Principal Place of Business	2a. Mail-n 26	g Address	·		4. FEI Number 65-0022406	-	Applied For Not Applicable
Suite, Apt. #, etc.		Apt. #, etc.			5. Certificate of Status Desired	1 1	75 Additional se Required
City & State	City 8 28	State			Election Campaign Financing Trust Fund Contribution		.00 May Be ided to Fees
Zip Gountry 25	29		Counti	γ	This corporation has liability of a Florida Statutes	□No	rs 199.032,
9. Name and Addre	ss of Current Registered	Agent	8	1 Name	10. Name and Address of New R	egistered Agent	
ZACHARIADES, GEORGE			6:	2 Street Addr	ess (P.O. Box Number is Not Acceptab	le)	
5741 S.W. 8TH STREET PLANTATION FL 33317			8:	3			
			8-	4 Orty		— 85	Zıp Code
1. Pursuant to the provisions of Section	ons 607.0502 and 607.1508	, Florida Statute	s, the above	-named corpor	ration submits this statement for the pur	FL pose of changing	its registered office
or registered agérit, or both, in the familiar with, and accept the obliga	State of Florida. Such chang tions of, Section 607.0505,	je was authorize Florida Statutes.	ed by the cor	poration's boa	rd of directors. I hereby accept the appoint	ointment as registe	red agent. I am
SIGNATURE Street of the control of the	of registated agenil and the reapplicable	/N:O1	IF Dock to a LAS	ent synature require	d whee more should	DATE	
2. 0	FFICERS AND DIRECTORS		13.	The Signature Hager to	ADDITIONS/CHANGES TO OFF	ICERS AND DIREC	<u></u>
FLE PSD AME ZACHARIADES, GI		☐ DELETE	1.11110			Chan	ge 🔲 Addition
AMI ZACHARIADES, GI			1.2 NAME 1.3 STRE	ET ADDRESS			
DEERFIELD BEAC			1.4 CITY	-ST-ZIP			
LTE		☐ DELETE	2 1 TITLE			☐ Chan	ge 🔲 Addition
IME HEEF ADJUMESS			2.2 NAMI	ET ADDRESS			
TY ST ZIF			2.4 CITY				
r: F		DEFELE	3 1 1011	:		☐ Chan	ge 🔲 Addition
AMF			3.2 NAMI				
RELITATION(SS			3.3 STRE 3.4 CITY	ET ADDRESS			
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ME			4 2 NAM	:			
HELL ALCHESS			4.3 STRE	ET ADDRESS			
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ILE AME			5 1 TITLI 5 2 NAMI	[a- Montion
PREFEATOPRESS			1	ET ADDRESS			
IIY SI-70°			5 4 CITY	- ST - ZIP			
11.6		DETEJE	6 1 Titu			Chan	ge 🔲 Addition
AMs			6.2 NAM				
TREFT ADORESS OF -ST- Ziff			6.4 CITY	ET ADDRESS - ST- 7IP			
I do hereby certify that the informat	ion supplied with this filing is	s voluntarily furni	ished and do	es not qualify f	or the exemption stated in Section 119.	07(3)(k), Florida St	atutes. I further
 oath, that I am an officer or directo 	r of the corporation or the re	ceiver or trustee	empowered	rue and accura d to execute thi	ate and that my signature shall have the is report as required by Chapter 607, Fl	same legal effect i orida Statutes; and	as if made under I that my name
appears in Block 12 or Block 13 if	changed, or on an attachme	ent with an addin	ess.		di la		
SIGNATURE: Yevz	se Jackar.	rade	•		7111/94		
SIGNATUS	AND YPEO OF PRINTED NAME	OF SIGNING OFFICE	R OR DIRECTO	ā · · · · · · · · · · · · · · · · · · ·	College College	Daytime Pr	one #