

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

FILED

Jun 02 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # K90418 (0)</b> 1. Corporation Name <div style="font-size: 1.2em; font-family: cursive;">Z + M ENTITIES, INC.</div>			
Principal Place of Business <div style="font-size: 1.2em; font-family: cursive;">1250 S.W. 102 AVE. PENSACOLA PINES, FL 33025</div>		Mailing Address <div style="font-size: 1.2em; font-family: cursive;">1250 S.W. 102 AVE. PENSACOLA PINES, FL 33025</div>	
2. Principal Place of Business <div style="font-size: 1.2em; font-family: cursive;">21 6650 NW 41 Street Suite, Apt. #, etc.</div>		2a. Mailing Address <div style="font-size: 1.2em; font-family: cursive;">28 6650 NW 41 Street Suite, Apt. #, etc.</div>	
City & State <div style="font-size: 1.2em; font-family: cursive;">22 Coral Springs, FL</div>		City & State <div style="font-size: 1.2em; font-family: cursive;">27 Coral Springs, FL</div>	
Zip <div style="font-size: 1.2em; font-family: cursive;">24 33067</div>		Zip <div style="font-size: 1.2em; font-family: cursive;">29 33067</div>	
3. Date Incorporated or Qualified <div style="font-size: 1.2em; font-family: cursive;">5/23/1989</div>		3a. Date of Last Report <div style="font-size: 1.2em; font-family: cursive;">4/30/96</div>	
4. FEI Number <div style="font-size: 1.2em; font-family: cursive;">65-013710</div>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent <div style="font-size: 1.2em; font-family: cursive;">Hodkin Peter M Bedzow, Korn, et al 20803 Biscayne Blvd Suite 200 Aventura, FL 33180</div>		10. Name and Address of New Registered Agent <div style="font-size: 1.2em; font-family: cursive;">81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code</div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>12. OFFICERS AND DIRECTORS</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D ZUCKERMAN, ANDREW 6650 NW 41 Street Coral Springs, FL 33067	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/P/D ZUCKERMAN, MELVIN 6650 N.W. 41 Street Coral Springs, FL 33067	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/D ZUCKERMAN, DAVID 6650 NW 41 Street Coral Springs, FL 33067	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T/D ZUCKERMAN, STEVEN 6650 NW 41 Street Coral Springs, FL 33067	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	
<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Addition <div style="font-size: 1.2em; font-family: cursive;">500002208195 -06/11/97-01003-017 ***165.00</div>		
14. I do 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.			
SIGNATURE:		V. Prael	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <div style="font-size: 1.2em; font-family: cursive;">4-30-97</div>	Daytime Phone # <div style="font-size: 1.2em; font-family: cursive;">954-430-0923</div>

CR25034 (9/96)