## FILE NOW: FILING FEE AFTER MAY 1 IS \$550

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT

Sandra B. Morth m

STATE

Secretary of State
DIVISION OF CORPORA IONS

1997

DOCUMENT # L03855

(8)

ZAY MANAGEMENT, INC.

Principal Place of Business Mailing Address 1191 E NEWPORT CENTER DRIVE 1191 E NEWPORT CENTER DRIVE DEERFIELD BEACH FL 33442-7715 DEERFIELD BEACH FL 33442 3a. Date of Last Report 3. Date Incorporated or Qualified 04/22/1996 07/20/1989 2. Principal Place of Business Mailing Address 4. FEI Number Applied For 2a. 26 65-0134332 Not Applicable 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country 8. This corporation has liability for intangible tax under s. 199.032, Zio Country Yes No 30 Florida Statutes 25 29 24 Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 61 Name YOUNG, JAMES L. 1191 E. NEWPORT CENTER DR., #103 Street Address (P.O. Box Number is Not Acceptable) **SUITE 400** 83 DEERFIELD BEACH FL 33442 84 City Zip Code 85 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 + am familiar with, and accept the obligations of. Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change DELETE 1.1 TITLE DPS TITLE 1.2 NAME YOUNG, JAMES L. NAME 1191 E NEWPORT CENTER DR 1.3 STREET ADDRESS STREET ADDRESS DEERFIELD BEACH FL 1.4 CITY-ST-ZIP City - St - 2iP \_\_\_ Addition DELETE Change 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-20P Change Addition DELETE 3.1 TITLE TILLE 3.2 NAME NAM: 3.3 STREET ADORESS STREET ADDRESS 3.4. CITY-ST-ZIP CiTY - \$1 - 7IP DELETE Change Addition 4.1 TITLE THILE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZiP CHY-ST-7IP Change ... Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME **5.3 STREET ADDRESS** STREET ADDRESS 5.4 CITY-ST-ZIP COY-SI-ZIP Addition DELETE Change 6.1 TITLE THILE 6.2 NAME NAME **63 STREET ADDRESS** STREET ADDRESS

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.

64 CITY-ST-ZIP

SIGNATURE

CITY-S1-7#

SIGNATURE AND THEO OF PRINCE OF PRIN

SIGNING OFFICER OR DIRECTOR

4/11/9

54570 Head

R2F034 (9/96)

**FILED** 

Apr 17 1997 8:00am

Secretary of State