

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

FILED  
Feb 10 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #**

1. Corporation Name

**L14856**

**ZALL, INC.**

Principal Place of Business

Mailing Address

**2 Commonwealth Ave  
Boston, MA 02116  
US**

**Henry Foster/Carlton House  
2 Commonwealth Ave  
Boston, MA 02116  
US**

3. Date Incorporated or Qualified

**09/12/1989**

3a. Date of Last Report

**01/31/1996**

4. FEI Number

**58-1863006**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23

City & State

28

Zip

24

Country

25

Zip

29

Country

30

**9. Name and Address of Current Registered Agent**

**Kaufman, Jill E.  
1061 E. Indiantown Rd  
Suite 400  
Jupiter, FL 33477**

**10. Name and Address of New Registered Agent**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent's signature required when resigning)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE ☐ DELETE

**D  
Foster, Henry/Carlton  
2 Commonwealth Ave  
Boston, MA**

TITLE ☐ DELETE

**TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP**

TITLE ☐ DELETE

**TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP**

TITLE ☐ DELETE

**TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP**

TITLE ☐ DELETE

**TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP**

TITLE ☐ DELETE

**TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

**300002083403  
-02/11/97--01043--011  
\*\*\*165.00**

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 included 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/5/97**

Date

**508-658-6000 x1296**

Daytime Phone #

CR2E034 (9/96)