

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB -7 PM 3:30

DOCUMENT # **L27732** (1)

1. Corporation Name  
**JEREZACK, INC.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address  
**5121 SW 90 AVE STE 4 COOPER CITY FL 33328-5809 US**

3. Date Incorporated or Qualified **11/02/1989** 3a. Date of Last Report **02/10/1994**  
4. FEI Number **65-0157406** 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 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Zip Country 30

9. Name and Address of Current Registered Agent  
**ZINKOFSKY, ALLAN  
5121 SW 90 AVE  
STE 4  
COOPER CITY FL 33328**

10. Name and Address of Now 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 conditions of, Section 607.0505, Florida Statutes.

SIGNATURE: *Allan D. Zinkofsky* **Allan D. Zinkofsky** **2-1-95**  
DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
1. **DPV ZINKOFSKY, ALLAN 5121 SW 90 AVE #4 COOPER CITY FL**  
2. **DTS ZINKOFSKY, NANCY 5121 SW 90 AVE #4 COOPER CITY FL**  
3.   
4.   
5.   
6.   
7.   
8.   
9.   
10.   
11.   
12.   
13.   
14.   
15.   
16.   
17.   
18.   
19.   
20.   
21.   
22.   
23.   
24.   
25.   
26.   
27.   
28.   
29.   
30.   
31.   
32.   
33.   
34.   
35.   
36.   
37.   
38.   
39.   
40.   
41.   
42.   
43.   
44.   
45.   
46.   
47.   
48.   
49.   
50.   
51.   
52.   
53.   
54.   
55.   
56.   
57.   
58.   
59.   
60.   
61.   
62.   
63.   
64.   
65.   
66.   
67.   
68.   
69.   
70.   
71.   
72.   
73.   
74.   
75.   
76.   
77.   
78.   
79.   
80.   
81.   
82.   
83.   
84.   
85.   
86.   
87.   
88.   
89.   
90.   
91.   
92.   
93.   
94.   
95.   
96.   
97.   
98.   
99.   
100.

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 or Block 14 or on an attachment with an address.

SIGNATURE: *Allan D. Zinkofsky* **Allan D. Zinkofsky** **2-1-95** **(305) 134-5724**  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR