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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

1 48664 **DOCUMENT #**

(1)

1. Corporation Name BERNSTEIN ZIMMERMAN FINANCIAL, INC. Principal Place of Business Mailing Address 1415 W. CYPRESS CREEK ROAD 1451 W. CYPRESS CREEK ROAD							
300	ALE EL 99900	300 Ft. Lauderda:	F FI 23309				
FT. LAUDERDALE FL 33309 US		US			3. Date Incorporated or Qualified 02/05/1990	Oualified 3a, Date of Last Report 08/11/1995	
2. Principal Pla	ce of Business	2a. Mailing Addre	SS		4. FEI Number 65-0178741		Applied For Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #,	etc		5. Certificate of Status Desired	\$	8.75 Additional Fee Required
City & State		City & State	City & State		6. Election Campaign Financing	П	\$5.00 May Be
Zp Zp	Country	28 }	·	ountry	Trust Fund Contribution Trust Fund Contribution This corporation has liability for		Added to Fees nder s 199.032,
24	25 g. Name and Address of Cur	29	30		Florida Statutes Yes 10. Name and Address of New F		nt
	8. Maine and Address of Cur	rent riegisteren Agent		81 Name	19. 110		
2424 N I BOCA R	FICES OF STUART R MORRI FEDERAL HWY #314 ATON FL 33431		[6		ess (P.O. Box Number is Not Acceptate	FL	IS Zip Code
or registere familiar wit	ad agent, or both, in the State of F h, and accept the obligations of S Signature, types or protect came of rejudence to	forida: Such change was a Section 607.0505, Florida S	authorized by thi Statutes	a corporation is boar	d of directors. Thereby accept the app	DATE	istered agent Tarri
TITLE	D	DELE		1 TillE	7,653,1,61,6-6,1,1,1,62,6 16 6.1.		Change
NAME	MERL, BRETT	basal		NAME			
STREET ADDRESS	6684 D BOCA PINES TRA	JL.	13	STREET ADDRESS			
	POOL DATON FI		1.4	City-St-ZiP			
			···	TMILC .			Change 🔲 Addition
NAME	BERNSTEIN, HOWARD		2.2	2 NAME			
STREET ADDRESS	9431 EVERGREEN PLACE	:	2:	3 STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL			4 CITY - ST - ZIP			Change Addition
TITLE		[] ()ELI	and the state of t	1 ToTLE		L)	Dritings rate
NAME				2 NAME			
STREET ADDRESS				3 STREET ADDRESS			
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TITLE		ل الرد		2 NAME			
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CITY+ST-ZIP TITLE		□ D€t		1 TrillE			Change
NAME			5	2 NAME			
STREET ADDRESS			1 5	3 STREET ADDRESS			
CITY-SI-ZIP				4 CITY - ST - 7/2			Change Addition
TITLE		☐ DEI	ETE 6	1 TITLE			Change
NAME			1 6	2 NAME			
STREET ADORESS			1 6	3 STREET ADDRESS			
CITY-S1-ZIF			1	6.4 CITY - ST - ZIP		0.070/13 Flor	la Statutes further

14. I do hereby certify that the information supplied with this fling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 13.4 changed, or on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OF PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

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