FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

TALLAHASSEE, FLORIDA

DOCUMENT # **L57570** **(8)**

1. Corporation Name

ZMACHERS POSTERS, INC.

Principal Place of Business: 7911 NW 72 AVE #102, MEDLEY FL 33166

Mailing Address: 7911 NW 72 AVE #102, MEDLEY FL 33166

3. Date Incorporated: 03/12/1990

3a. Date of Last Report: 01/25/1994

4. FEI Number: 65-0174942 — 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. X

2. Principal Place of Business — 21, 22, 23, 24, 25

2a. Mailing Address — 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

HARDISON, DORIS
7911 NW 72 AVE., #102
MEDLEY FL 33166

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.

SIGNATURE

12.		13.	
TITLE	P D	TITLE	
NAME	HARDISON, DORIS C.	NAME	
STREET ADDRESS	7911 NW 72ND AVE #102	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE	V D	TITLE	
NAME	ZAMORA, CATHERINE M.	NAME	
STREET ADDRESS	7911 NW 72 AVE #102	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE	S T	TITLE	
NAME	MCALLISTER, KELLY	NAME	
STREET ADDRESS	7911 NW 72 AVE #102	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 119.07, Florida Statutes. I further certify that the information indicated on this 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: Doris C. Hardison

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0170660 CP