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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P92000013541 (7)

ZSB MANAGEMENT, INC.

Frincipal Place of Business Mailing Address 500 CYPRESS CREEK RD W 500 CYPRESS CREEK RD					w							
SUITE 500 SUITE 500			-									
FT LAUDERD	ALE FL 33309		FT LAUDERDALE FL 33	309			3.	Date Incorporated or Qualified 12/22/1992	3a. Date 02	of Last F /17/19		
2. Principal Place of Business			2a. Mailing Address			· · · · · · · · · · · · · · · · · · ·	4.	FEI Number	·· ·		Applied For	
1] , , ,		26						65-0377481			Not Applicable	
Suite, Apt. 4	#, etc.	27	Suite, Apt. #, etc.				5.	Certificate of Status Desired			5 Additional Required	
City & State 3	:	28	City & State				6.	Election Campaign Financing Trust Fund Contribution			00 May Be ed to Fees	
Z _i ρ Country			Cou	Country			This corporation has liability for	•	under s	199.032,		
4	25	29		30			_l		□No			
	9. Name and Address of Cur	rent Regi	stered Agent		-		10.	Name and Address of New R	egistered A	gent		
					81	Name						
EMO CORPORATE SERVICES, INC.					82	Street Addre	dress (P.O. Box Number is Not Acceptable)					
100 NE THIRD AVE												
SUITE 1					83							
FT LAUDERDALE FL 33309					84	City		······································	FL	85 Z	ip Code	
11. Pursuarit t	o the provisions of Sections 607.0	502 and 6	07.1508 Florida Statute	s the abo		amed cornora	ation s	ibmits this statement for the pur		nging its	registered office	
or register	ed agent, or both, in the State of F h. and accept the obligations of, S	lorida. Suc	ch change was authorize	d by the	corp	oration's boar	d of di	rectors. I hereby accept the app	podd of orac pintment as i	egistere	d agent. I am	
	in, and accept the obligations of, a	ECHOT BU?	r.0000, Florida Statutes.									
SIGNATURE ,	Stgr at well typeod or printed name of registered a	gert and title i	farricatie (NOT	E Registered	l Agen	t signature required	when re	instatingt	DATE			
12.	OFFICERS.	AND DIRE	CTORS	13.				ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTO	ORS IN 12	
THE	D		☐ DELETE	1.1.1	ITLE) Change	Addition	
NAME	BELL, JAMES D			1.2 N	AME							
STREET ADDRESS	500 CYPRESS CREEK RD	W SUI	ITE 500	1.3 \$	TREET	ADDRESS						
COTY ST-ZiP	FT LAUDERDALE FL 3330	9		14C	ITY-S	T-ZIP						
LILL	D		☐ DELETE	2 1 1	ITLE] Change	☐ Addition	
NAM:	ZATORIS, LEONARD			22 N	AME							
STREET ASORESS	500 CYPRESS CREEK RD	W SUI	ITE 500	238	TREET	ADDRESS						
CHY 51-7IP	FT LAUDERDALE FL 3330	9		24 C	ITY - S	T-ZIP						
THE	D		DELETE	3 11) Change	☐ Addition	
MASI:	SERFUSTINI, ANTHONY B			3.2 N	AME							
STRUET ADDRESS	500 CYPRESS CREEK RD	W SUI	ITE 500	33.5	TREE	ADORESS		•				

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(3)(k), 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 certify 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 13 if changed, or in an efficiency of the acceptance of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

3 4 CITY - ST-ZIP

4.3 STREET ADDRESS

5 3 STREET ADDRESS

6.3 STREET ADDRESS

5 4 CITY - ST - ZIP

4.4 CITY - ST- ZIP

4. 1 TITLE

4.2 NAME

5 1 TITLE

5.2 NAME

6 1 TITLE

6.2 NAME

SIGNATURE:

C-1 r - \$1 - 7/P

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

DITY ST-709

CHY ST-70

THE

THE

NAM:

FT LAUDERDALE FL 33309

STATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

DELETE

DELETE

DELETE

1/26/96 954-463-7/38 Date Proce

Change

☐ Change

Change

☐ Addition

Addition

■ Addition