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CORPORATION ANNUAL REPORT **1995**

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

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95 MAR 29 PM 4:12

DOCUMENT # **P92000014303 (1)**

1. Corporation Name

BKZ SERVICES, INC.

Principal Place of Business	Mailing Address
P.O. BOX 16086 PLANTATION FL 33318	P.O. BOX 16086 PLANTATION FL 33318

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/28/1992
3a. Date of Last Report: 03/31/1994
4. FEI Number: 59-3158651 ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

LAW PRACTICE OF J.B. GROSSMAN, P.A.
2875 N.E. 191ST STREET
SUITE 901
N. MIAMI BEACH FL 33180

10. Name and Address of New Registered Agent

81 Name: KENNETH ZINNER
82 Street Address (P.O. Box Number is Not Acceptable): ~~P.O. Box 16086~~ 9080 NW 13th St
83
84 City: PLANTATION **FL** 85 Zip Code: 33322

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: Kenneth G Zinner President — 3-15-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ZINNER, KENNETH 2875 N.E. 191ST ST. N. MIAMI BEACH FL 33180	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☒ Change ☐ Addition P-ZINNER, KENNETH P O BOX 16086 N/A PLANTATION FL 33318
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT DIRECTOR ZINNER, KENNETH ~~P.O. BOX 16086~~ 9080 NW 13th St PLANTATION FL 33322	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition PRESIDENT DIRECTOR ZINNER, KENNETH 9080 NW 13TH ST PLANTATION FL 33322
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition $Deposited by Bank

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)(i), 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 if changed, or on an attachment with an address.

SIGNATURE: Kenneth G Zinner President 3-15-95 305 471 6983
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

As Per Conversation w/ Kenneth Zinner on 3-28-95 RW

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