## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997

ZATORIS, INC.



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000035459 (5)

**FILED** Jan 17 1997 8:00am Secretary of State

Principal Prac 837 N.E. 17TH #6 FT. LAUDERD		837 N.E. 17TH	Mailing Address  837 N.E. 17TH TERR.  #6  FT. LAUDERDALE FL 33304-4482						
						3. Date Incorporated or Qualified 05/17/1993	3a. Date o	f Last Report 1996	
2. Principal F	Place of Business	2a. Mailing Add	2a. Mailing Address 26			4. FEI Number 65-0411822	[ , ,pp,,ou , o.		
Suite, Apt	# etc.	Suite, Apt. i	Suite, Apt. #, etc.			5. Certificate of Status Desired	□ \$	8.75 Additional Fee Required	
City & State		City & State	City & State			Election Campaign Financing     Trust Fund Contribution		5.00 May Be Added to Fees	
Ζιρ <b>24</b>	Country 25	Zip <b>29</b>	Zip Country 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No			
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent			
BERGER & SHAPIRO P.A. 100 N.E. 3RD AVE. SUITE 400 FORT LAUDERDALE FL 33301				81	Name				
				82	Street Addre	iress (P.O. Box Number is Not Acceptable)			
				83				***************************************	
				84	City		FL *	Zip Code	
office or	to the provisions of Sections 607 registered agent, or both, in the S am familiar with, and accept the c	State of Florida, Such cha	ange was authorize	d by	the corporati	oration submits this statement for the poon's board of directors. I hereby accep	urpose of cha at the appoint	nging its registered nent as registered	

SIGNATURE Signature, typed or printed name of registered agent and tito if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Addition DELETE 1.1 TITLE Change TITLE ZATORIS, LEONARD 1.2 NAME NAME 837 N.E. 17 TERR., #6 STREET ADDRESS 1.3 STREET ADDRESS FT LAUDERDALE FL 33304 CHTY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 22 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY - \$1 - ZiP 2 4 CITY-ST-ZIP DELETE 31 TITLE Change Addition 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4 3 STREET ADDRESS CITY-\$1-ZIP 4 4 CITY - ST - ZIP DELETE Addition TITLE 5.1 TITLE NAME 52 NAME 5 3 STREET ADDRESS STREET ADDRESS CITY-ST-7P 5 4 CITY - ST - ZIP DELETE Change Addition 61 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

14. I do hereby cently that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this arrival 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 epiperation or the receiver or trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block

6.4 CITY - ST - ZIP

SIGNATURE:

CITY - ST - ZIP

LEGARE ZATORIS Date 1/3/97 (954) 463-7138