

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

FILED

Feb 17 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000041156 (9)**

1. Corporation Name  
**EMZA, INC.**



Principal Place of Business <b>1200 S PINE ISLAND RD SUITE 600 PLANTATION FL 33324</b>	Mailing Address <b>1200 S PINE ISLAND RD SUITE 600 PLANTATION FL 33324-4460</b>
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3. Date Incorporated or Qualified <b>06/10/1993</b>	3a. Date of Last Report <b>04/08/1996</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	4. FEI Number <b>65-0421565</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State <b>23</b>	City & State <b>28</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>
9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 S PINE ISLAND ROAD, SUITE 250 PLANTATION FL 33324</b>		10. Name and Address of New Registered Agent	

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>
85. Zip Code	

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

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	<b>VD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FINDEISS, J C</b>	1.2 NAME	
STREET ADDRESS	<b>1200 S PINE ISLAND RD SUITE 600</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PLANTATION FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZAMBETTI, JOHN</b>	2.2 NAME	
STREET ADDRESS	<b>725 ARIZONA AVE SUITE 204</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SANTA MONICA CA</b>	2.4 CITY - ST - ZIP	
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEINSTEIN, VICTOR J</b>	3.2 NAME	
STREET ADDRESS	<b>1200 S. PINE ISLAND ROAD SUITE 600</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PLANTATION FL 33324</b>	3.4 CITY - ST - ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCCLEARY JR., GEORGE W</b>	4.2 NAME	<b>AS</b>
STREET ADDRESS	<b>1200 S. PINE ISLAND ROAD SUITE 600</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PLANTATION FL 33324</b>	4.4 CITY - ST - ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLANFORD, MARY ANN</b>	5.2 NAME	<b>AS</b>
STREET ADDRESS	<b>1200 S. PINE ISLAND ROAD SUITE 500</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PLANTATION FL 33324</b>	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify 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 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  **Mary Ann Blanford** (954) 475-1200

CR2E034 (9/96)