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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 28 1998 8:00am

Secretary of State

- A PROCESTA DE LOCALE DESENDACION DOCUMENTA DE LA RESENTA DE LA COLOR DE LA C

Secretary of State
Division of Corporations

1998
DOCUMENT #

P95000054850 (9)

Z.A.C. ELECTRONICS, INC.

Principal Place	e of Business	Mailing Address			I INTEREST IN CASE OF	I Alfil Bibb! Ibiat Athe Afit ibb	
1919 SR #7 1919 SR #7							
201E Margate fl. 33063		201E Margate Fl 33063			DO NOT WRITE IN THIS SPACE		
US		US			3. Date Incorporated or Qualified		
**					07/13/1995		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26	26		65-0595001	Not Applicat	
Suite, Apt.	#, etc.	Suito, Apl. #, etc.	Suito, Apl. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27			o, commodio o statas pasmet	Fee Required	
City & State	e	City & State			6. Election Campaign Financing	\$5.00 May Be	
Zip	Country	28] Zip	Countr		Trust Fund Contribution	Added to Fees	
	25	J- 1	30	у	 This corporation owes or has paid the c Personal Property Tax due June 30. 	urrent year Intangible X Yes No	
24	9. Name and Address of Curren	29 at Registered Agent	1301		10. Name and Address of New Registered		
7	JULOFF, HY		8	i Name			
7824 N.W. 78TH AVENUE TAMARAC FL 33321			8:	Obrost Ad	Address (P.O. Box Number is Not Acceptable)		
			83	alleet Add	uress (r.o. box ruminer is not Acceptable)		
•			8:	3			
			8	Gity		85 Zip Code	
			"	City	F	L Ba Zip Code	
office or r		of Florida, Such change was	authorized t	y the corpora	rporation submits this statement for the purpose ation's board of directors. I hereby accept the ap		
SIGNATURE							
	Signature, typed or printed name of registered age OFFICERS AN		- · 	yent signature requ	DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIDECTORS IN 10	
12.	n	DELETE	13. 1.1 bille		ADDITIONS/CHANGES TO OFFICERS AF	Change Additi	
NAME	ZULOFF, HY	Lind Division	1.2 NAME				
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CITY-ST-ZIP	TAMARAC FL 33321		1.4 0014	ì			
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CITY-ST-ZIP			2. 4 CITY	-ST-ZIP			
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NAME			3.2 NAME				
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NAME			6.2 NAME	Ì		, —	
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			6.4 City	}			
14. Thereby o	certify that the information supplied w	ith this filing does not qualify	for the exem	ption stated i	n Section 119.07(3)(i), Florida Statutes. I further o	certify that the informatic	
officer or	on this annual report or supplements director of the corporation or the reco or Block 13 if changed, or on an atta	siver or trustee empowered to	curate and to execute this	nat my signat report as rei	ture shall have the same legal effect as if made of quired by Chapter 607, Florida Statutes; and tha	under oath; that I am an timy name appears in	