

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

FILED
May 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000068182 (1)**

1. Corporation Name
ZMF, INC.



Principal Place of Business 640 EAST OCEAN AVENUE STE 18 BOYNTON BEACH FL 33435	Mailing Address % ZMF MC 8206 MIZNER LANE BOCA RATON FL 33433-1140
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3. Date Incorporated or Qualified 08/31/1995	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0617231	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip Country 29
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9. Name and Address of Current Registered Agent

**LAMONTAGNE, KEVIN M
640 EAST OCEAN AVENUE STE 18
BOYNTON BEACH FL 33435**

10. Name and Address of New Registered Agent

1 Name
2 Street Address (P.O. Box Number is Not Acceptable)
3
4 City
5 FL 6 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	PS FORESTIER, JEAN CLAUDE 8206 MIZNER LANE BOCA RATON FL 33433	1.1.E	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2.AE	
STREET ADDRESS		1.3.EET ADDRESS	
CITY-ST-ZIP		1.4/-ST-ZIP	
TITLE	VPT DELEUZE, MARIE FRANCE 8206 MIZNER LANE BOCA RATON FL 33433	2.1.E	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2.AE	
STREET ADDRESS		2.3.EET ADDRESS	
CITY-ST-ZIP		2.4/-ST-ZIP	
TITLE		3.1.E	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2.AE	
STREET ADDRESS		3.3.EET ADDRESS	
CITY-ST-ZIP		3.4/-ST-ZIP	
TITLE		4.1.E	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2.AE	
STREET ADDRESS		4.3.EET ADDRESS	
CITY-ST-ZIP		4.4/-ST-ZIP	
TITLE		5.1.E	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2.AE	
STREET ADDRESS		5.3.EET ADDRESS	
CITY-ST-ZIP		5.4/-ST-ZIP	
TITLE		6.1.E	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2.AE	
STREET ADDRESS		6.3.EET ADDRESS	
CITY-ST-ZIP		6.4/-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR TOR

Date

Daytime Phone #

03171

CR2E034 (9/96)