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Mar 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000086625 (7)

1. Corporation Name
ZIFGRO, INC.



Principal Place of Business:

% TRIPP SCOTT CONKLIN & SMITH, P.A.
110 S.E. 6TH STREET 28TH FLOOR
FT. LAUDERDALE FL 33301

Mailing Address:

% TRIPP SCOTT CONKLIN & SMITH, P.A.
110 S.E. 6TH STREET 28TH FLOOR
FT. LAUDERDALE FL 33301-5004

3. Date Incorporated or Qualified 11/13/1995	3a. Date of Last Report 06/13/1996
4. FEI Number 65-0630583 65-0630589	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input 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

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

GROSS, WILLIAM J
% TRIPP SCOTT CONKLIN & SMITH, P.A.
110 S.E. 6TH STREET 28TH FLOOR
FT. LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 of Registered Agent and Title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ZIFRONY, MATTHEW	
STREET ADDRESS	110 S.E. 6TH STREET 28TH FLOOR	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	SEC	<input type="checkbox"/> DELETE
NAME	GROSS, WILLIAM J	
STREET ADDRESS	110 S.E. 6TH STREET 28TH FLOOR	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	PRES	<input checked="" type="checkbox"/> DELETE
NAME	ZIFRONY, MATTHEW	
STREET ADDRESS	110 SE 6TH STREET 28TH FLOOR	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D, P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Zifrony, Matthew	
1.3 STREET ADDRESS	110 S.E. 6th Street, 28th Floor	
1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
2.1 TITLE	D, S, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Gross, William J.	
2.3 STREET ADDRESS	110 S.E. 6th Street, 28th Floor	
2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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:

Matthew Zifrony
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/97

(954) 525-7500

Date

Daytime Phone #

CR2E034 (9/96)