FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

C1Y-\$1-ZP

SIGNATURE: SIGNATURE AND TYPED OR

DIVISION OF CORPORATIONS P95000087353 (5) **DOCUMENT #**

1. Corporation Name

ZITM/	AN & ASSOCIATES, INC).				
Principal Place	of Business	Mailing Address				155 MOSTAL MATORI ANTARI ENGENDO ASERDA MATORI CATO TRACTO
950 N.W. 185TH AVENUE PEMBROKE PINES FL 33029		950 N.W. 185TH AVENUE PEMBROKE PINES FL 33029				
					3. Date Incorporated or Qualified 11/14/1995	3a. Date of Last Report
Principal Place of Business		2a. Mailing Address 26		4. FEI Number	Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State 23		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	,	8. This corporation has liability for i	
	g. Name and Address of Cu	urrent Registered Agent		,	10. Name and Address of New R	egistered Agent
317444			81	Name		
ZITMAN, ANDY			82	2 Street Address (P.O. Box Number is Not Acceptable)		le)
950 N.,W. 185TH AVE. PEMBROKE PINES FL 33029			83	ļ		
LIND	TONE PINES TE SOUZS					
			84	City		FL 85 Zip Coxie
SIGNATURE.	Styruture typed or protect name of registered	S AND DIRECTORS	NOTE: Flagistered Age	at signature recipin	eri whon reinstatingi ADDITIONS/CHANGES TO OFFI	
TITLE NAME	U □ DELE ZITMAN, ANDY		1 1 TIFLE		·	☐ Change ☐ Addition
STREET ADDRESS 950 N.W. 185TH AVENUE		UE	1.3 STREET	Annoree		
C/TY+S1+Z/P	PEMBROKE PINES FL 3		1.4 C/TY-5	i i		
TILF		DELETE	2 1 14TLE	51-1H		Change Addition
NAME			2.2 NAME			<u> </u>
STREET ADDRESS			2 3 STREET	ADDRESS		
CHY-SI-ZIF		The state of the s	2 4 CITY - S	ST - ZIP		
THE	☐ DELETE		3 1 TITLE			Change Addition
NAME STREET ADDRESS			3 2 NAME	T + DODGOG		
CHY-SI-ZIF			3.3 STREE 3.4 City - 9	- 1		
101:6		DELETE	4. 1 THTLE	51-20		Change Addition
NAMI		-	4.2 NAME			
SERRET ADDRESS			4.3 STREET	ADDRESS		•
CHY-ST ZIP			4.4 CITY - S	17 - ZIP		
भार		☐ DELETE	5 1 TITLE			☐ Change ☐ Addition
NAME			5 2 NAME			
STHEET ADDRESS			53 STREET			
OFF STATE		DELETE	5.4 CHTY - S	1-7IP		Change D takes
NAME		D breeze	6 1 THTLE 62 NAME			☐ Change ☐ Addition
SUBEET ADDRESS			63 STREET	Annesse		
and the second section of the second			■ OBSIMEE	nobiledo 1		

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 corplination 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 chapter 607, and subschment with an address.

CR2E034 (12/95)