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

PROFIT CORPORATION ANNUAL REPORT

1998

SIGNATURES



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

REINSTATEMENT

## FILED

98 OCT 27 PM 3: 27

(305) 593-1416

1. Corporation Name				SECRETARY OF STATE TALLAHASSEE, FLORIDA	
ZCD CORP.					
Principal Place of Business Mailing Address				<u> </u>	
2761 N.W. 82nd Avenue .2761 N.W. 82nd Avenue				SO NOT WOITE IN	17170 000 00
Miami, Florida 33122 Miami, Florida 33122			.da 33122	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified	
				01/23/96	
Principal Place of Business     1		2a. Mailing Address		4. FEI Number 65-0871818	Applied For Not Applicable
Suite Apt # etc.		Suite, Apt. #, etc			\$8.75 Additional Fee Required
City & State		City & State		6 5	
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid	
24	25	29	30	Personal Property Tax due June 30	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Regis	stered Agent
Truxton, Gregg S. 81 Name					
				ess (P.O. Box Number is Not Acceptable)	
Cora	d Gables, Florida 3	3134	83	<del></del> - · · · ·	
			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 Forda, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I am fam for with and accept the obligations of, Section 607,0365, Florida Statutes.					
SIGNATURE GREAT GIZ LAND					
12.	Signature typed of printed name of registered agent OFFICERS AND		Te Hegistered Ager¢ signature require	d when reinstating) ADDITIONS/CHANGES TO OFFICER	BS AND DIRECTORS IN 12
TOTLE	P/S/T/D	☐ DELETE	1 TITLE	ADDITIONO(OFFICE TO OFFICE)	Change Addition
NAME	Bibliowicz, Jack		12 NAME	<b></b>	
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NAME			6 2 NAME		]
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CITY-ST-ZIP			6 4 CITY - ST - ZIP	11/1/1/1	A SAIN
14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(\$x()). Florida Statutes. I furtifier 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 of the receiver oy trusted 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 the air altrachment with air address.					
officer or director of the corporation of the receiver by trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or fit an attachment with an address					