


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000053886	
1. Entity Name SBZZ OF WINTER PARK, INC.	

Principal Place of Business 190 HORSE BOULEVARD WINTER PARK, FL 32789	Mailing Address C/O BROWN HARRN 770 LEXINGTON AVENUE, 5TH FL NEW YORK, NY 10021
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DO NOT WRITE IN THIS SPACE



07062004 No Chg-P CR2E034 (10/03)

4. FEI Number 58-2401225	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent REINERT PETER ESQ C/O GERALD DOWNING SHCAHAN 222 W CORSTOCK AVE WINTER PARK, FL 32789	DO NOT WRITE IN THIS SPACE
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000169285 08/03/04-80002-004 558.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ZECKENDORF, ARTHUR 770 LEXINGTON AVE NEW YORK, NY 10021
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ZECKENDORF, WILLIAM L 770 LEXINGTON AVE NEW YORK, NY 10021
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SWIG, KENT 770 LEXINGTON AVE NEW YORK, NY 10021
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BURRIS, DAVID 770 LEXINGTON AVE NEW YORK, NY 10021
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	7/29/04	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		