

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # S02290 (2)

1. Corporation Name
ZACCARDI, INC.



Principal Place of Business: **1299 W UNION ST HERNANDO FL 32642**
Mailing Address: **1299 W UNION ST HERNANDO FL 32642**

3. Date Incorporated or Qualified: **09/24/1990**
3a. Date of Last Report: **05/01/1995**
4. FFL Number: **59-3027191**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country
25. Country
26. Mailing Address
27. Suite, Apt. #, etc.
28. City & State
29. Zip
30. Country

9. Name and Address of Current Registered Agent
**COX, ALVAH L JR CPA PA
2424 N ESSEX AVE
HERNANDO FL 32642**

10. Name and Address of New Registered Agent
81. Name: **Brian D Maguire**
82. Street Address (P.O. Box Number Not Acceptable): **43 S. Fillmore St**
83.
84. City: **Beverly Hills** FL 85. Zip Code: **34465**

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: *Brian D Maguire* DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input checked="" type="checkbox"/> DELETE
NAME	ZACCARDI, WILLIAM D.	
STREET ADDRESS	1299 W UNION ST	
CITY-STATE-ZIP	HERNANDO FL	
TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	ZACCARDI, GRACE M.	
STREET ADDRESS	1299 W UNION ST	
CITY-STATE-ZIP	HERNANDO FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	ZACCARDI, WILLIAM R	
STREET ADDRESS	9 N TYLER ST	
CITY-STATE-ZIP	BEVERLY HILLS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	MAGUIRE, Brian	
13 STREET ADDRESS	43 SOUTH Fillmore St.	
14 CITY-STATE-ZIP	BEVERLY HILLS FL 34465	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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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 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: X *Brian D Maguire* DATE: **3-20** 904 X **746-0500**

CR2E034 (12/95)