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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V07805

(7)

Mailing Address

F & Z CONSULTING, INC.

Principal Place of Business

## FILED Feb 21 1997 8:00am Secretary of State

		- 1	

300 SOUTH PINE ISLAND RD. SUITE 110 PLANTATION FL 33324		SUITE 110	300 SOUTH PINE ISLAND RD. SUITE 110 PLANTATION FL 33324-2818				
					3. Date Incorporated or Qualified 01/21/1992	3a. Date of Las 02/26/1990	
·	Place of Business	2a. Mailing Address			4. FEI Number	<del></del>	Applied For
21		26			65-0306783		Not Applicable
Suite, Api	1. #, €tC.	Suite, Apt. #, etc.			5. Certificate of Status Desired		5 Additional Required
City & Sta 23		City & State			Election Campaign Financing     Trust Fund Contribution		00 May Be ed to Fees
Zip 24	Country 25	Zip 29	Country 30			Yes No	rs. 199.032,
		Current Registered Agent		,	10. Name and Address of New Re	latered Agent	
	SCHER, STEVEN		81	Name			
	0 S. PINE ISLAND ROAD ITTE 110		82	Street Addre	ss (P.O. Box Number is Not Acceptab	le)	
PL	ANTATION FL 33324		83				
			B4	City		FL 85 Z	ip Code
11. Pursuan	to the provisions of Sections 6	07.0502 and 607.1508. Florida Statut	es, the above-r	named corpo	pration submits this statement for the pon's board of directors. I hereby accep	7 400	a Its registered
office or	registered agent, or both, in the	e State of Florida. Such change was a c obligations of, Section 607.0505, Florida (1998)	authorized by the	ne corporatio	on's board of directors. I hereby accep	t the appointment	as registered
	•	e obligations of, Section 607.0303, Fit	JANUA SIAIUIOS.				
SIGNATURE	Signature: type dior printed name of rug-s	sterios agent and title if applicable. (NOT	E: Flegistered Agent	signature require	d when reinstating)	DATE	
12.		RS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECT	ORS IN 12
TITLE	TD	DELETE	1,1 TITLE			Chang	ge 🔲 Addition
NAME	ZAND, MARK J		1.2 NAME	.			
STREET ADDRESS	AND C DINE ICLAND DO	AD SUITE 110	1.3 STREET AD	DRESS			
CITY-ST-ZIP	PLANTATION FL		1,4 CITY-ST-	ì			
TITLE	PS	DELETE	2.1 TITLE			☐ Chang	ge Addition
NAME	FISCHER, STEVEN		2.2 NAME				
STREET ADDRESS	AND CO DIME ICID DO	STE 110	2.3 STREET AL	OORESS			
CITY - S1 - ZIP	PLANTATION FL		2.4 CITY-ST-				
TITLE		DELETE	3.1 TITLE	*"		Chang	ge Addition
NAME							. —
STREET ADDRESS		<del></del>	3.2 NAME	1		Land Orlean	
CITY - ST - ZIP		_	3.2 NAME	OUBERS		La Origin	
GITT - ST - ZIF	5	_	3.3 STREET AL			Lui Orași	
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TITLE	5	☐ DELETE	3.3 STREET AL 3.4 CITY-ST- 4.1 TITLE			Chang	je Additior
NAME		☐ DELETE	3.3 STREET AL 3.4 CITY-ST- 4.1 TITLE 4.2 NAME	ZIP			je 🔲 Additior
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To hereby certify that the information supplied with finis lining does not quarry for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this annual report or supplied entitle 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 cooperation or the eccurer 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 the program an attachment with an address.

SIGNATURE:

USE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

418/97

(954) 370-0300

Daytime Phone #