



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # V07805 1. Entity Name F & Z CONSULTING, INC.			
Principal Place of Business 300 SOUTH PINE ISLAND RD. SUITE 110 PLANTATION, FL 33324		Mailing Address 300 SOUTH PINE ISLAND RD. SUITE 110 PLANTATION, FL 33324	
DO NOT WRITE IN THIS SPACE			
		01092004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-0306783	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FISCHER, STEVEN 300 S. PINE ISLAND ROAD SUITE 110 PLANTATION, FL 33324		DO NOT WRITE IN THIS SPACE	
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 \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U00000004732 01/15/04-80013-012 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD ZAND, MARK J 300 S. PINE ISLAND ROAD SUITE 110 PLANTATION, FL		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS FISCHER, STEVEN 300 SO PINE ISLD RD, STE 110 PLANTATION, FL		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 _____ SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>1-10-04</u> Daytime Phone # <u>954-370-0300</u>	

MARK J ZAND, V.P.