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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V25766

(9)

Z.B.R. SERVICES, INC.

Mailing	Addenes

FILED Mar 17 1997 8:00am Secretary of State



Principal Place of Business Mailing Address 999 WASHINGTON AVENUE 999 WASHINGTON AVENUE MIAMI BEACH FL 33139 MIAMI BEACH FL 33139-5015		ş (BB)T BYİBİB ILBİL BILIY ILBİLD DİTIR BİYT BIBYL BIBYL BIBYL BIBYL BIBIL BIBYL								
William Services	12 40100					3. Date Incorporated or Quali 04/02/1992		ate of Last F /25/1996	Report	
2. Principal P	lace of Business	2a, Mailing A	ddress			4, FEI Number	l		pplied For	
21		26				65-0335923			ot Applicable	
Suite, Apt	#, etc	Suite, Apt	. #, elc.			- Continue of Status Denies	a 🗆	\$8.75	Additional	
22	•	27				5. Certificate of Status Desire	a 🗀	Fee R	equired	
City & Stat	0	City & Sta	te			6. Election Campaign Financi	ng	\$5.00	May Be	
23		28				Trust Fund Contribution		Added	to Fees	
Zip	Country	Z _i p	├ ~¬	ountry	1	8. This corporation has liabilit			3. 199.032,	
4	25	29	30			Florida Statutes	Yes			
	g. Name and Address of Curre	ant Hegistered Age	nt	81	Name	10. Name and Address of Ne	w Mediare.ec	Agent		
	NGS, INC.			"	INATITE					
	2 NW 16TH STREET			82	Street Add	dress (P.O. Box Number is Not Acceptable)				
FOR	RT LAUDERDALE FL 33311			83						
				ေ						
				84	City	, <u>, , , , , , , , , , , , , , , , , , </u>	<i></i>	85 Zip	Code	
	to the provisions of Sections 607.05						FL			
SIGNATURE	to the provisions of Sections con- eg stered agent or both, in the Stat im familiar with, and accept the oblig Signature typed or printed name of registered as					ired when reinstating)	DATE	·····		
12.		ND DIRECTORS		3.		ADDITIONS/CHANGES TO	OFFICERS AN			
TITLE	D		DELETE 1.	1 TITLE				Change	Additio	
NAME	CRUZ, LUIS		1.	2 NAME	į					
STREET ADDRESS	999 WASHINGTON AVE.		1.1	3 STREET	f Address					
CITY - ST - ZIP	MIAMI BEACH FL	<u></u>		4 CITY-S	ST-ZIP	· · · · · · · · · · · · · · · · · · ·				
TITLE	D			1 TITLE				☐ Change	Additio	
NAME	ZUBKOFF, WILLIAM			2 NAME	}					
STHEET ADDRESS	999 WASHINGTON AVE.		5	3 STREET	T ADDRESS					
CITY-ST-7#	MIAMI BEACH FL			4 CITY-	ST-ZIP			1000000	T datase	
TALE	D MENTAL BOLLOT	L		1 TITLE	-			☐ Change	Additio	
NAME	MENIN, BRUCE			2 NAME		•				
STREET ADORESS	999 WASHINGTON AVE.				T ADDRESS					
CITY - \$1 - ZIF	MIAMI BEACH FL			4. CITY -	ST-ZIP		····	Change	Additio	
TITLE	D Galbut, Russell	L		1 TITLE				☐ Croside	L] Adorio	
NAME	999 WASHINGTON AVE.			2 NAME	i			•		
STREFT ADDRESS	MIAMI BEACH FL		8		T ADDRESS					
CITY - ST - ZIP	MINNI DENOTIFE	T		4 CITY-S	SI - ZIP			Change	Additio	
TITLE		_		1 TITLE		•		C Annual Co	L. Addillo	
NAME DEPERT ADDRESS			L	2 NAME	t t					
STREET ADDRESS					T ADDRESS					
CITY - ST - ZIP				4 CITY-	51-211			Change	Additio	
TITLE		L.	L	1 TITLE		•		☐ Neuthe	L. Manito	
NAME OTOSCI ACCOMICA				2 NAME			•			
STREET ADDRESS			III		T ADORESS					
CITY-S1-ZiP	I		f 6	4 CITY+!	S?-ZIP					

14. I do 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 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 altraphment with an epidress.