

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**  
Jan 31 1996 8:00 am  
Secretary of State

DOCUMENT # **V36425 (9)**

1. Corporation Name  
**ZENITH GOLDLINE SHREVEPORT, INC.**



Principal Place of Business: **8910 LINWOOD AVE SHREVEPORT LA 71106 US**  
Mailing Address: **8800 N.W. 36TH STREET MIAMI FL 33178**

3. Date Incorporated or Qualified: **05/15/1992**  
3a. Date of Last Report: **01/24/1995**  
4. FEI Number: **65-0353757**  
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 (21-24)  
2a. Mailing Address (25-28)  
22. Suite, Apt. #, etc.  
23. City & State  
24. Zip, Country

9. Name and Address of Current Registered Agent  
**PFENNIGER, RICHARD C JR  
8800 NW 36 STR  
MIAMI FL 33178**

10. Name and Address of New Registered Agent (81-85)  
**Armando A. Tabernilla  
8800 N.W. 36th Street  
Miami FL 33178**

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* **Armando A. Tabernilla** DATE: **1/19/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DS</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TABERNILLA, ARMONDO A.</b>	1.2 NAME	<b>SEE ATTACHED LIST</b>
STREET ADDRESS	<b>8800 N.W. 36 STREET</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>DP</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	
NAME	<b>LUKACS, GEORGE</b>	2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>8910 LINWOOD AVENUE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SHREVEPORT LA</b>	2.4 CITY-ST-ZIP	
TITLE	<b>DVP</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	
NAME	<b>PFENNIGER, RICHARD C.</b>	3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>8800 N.W. 36 STREET</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	
NAME	<b>LEVITT, MONTE J.</b>	4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>8910 LINWOOD AVENUE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SHREVEPORT LA</b>	4.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	
NAME	<b>GRIMES, TERENCE</b>	5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>8910 LINWOOD AVENUE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SHREVEPORT LA</b>	5.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	
NAME	<b>MAGILL, LINDA</b>	6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>8910 LINWOOD, AVENUE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SHREVEPORT LA</b>	6.4 CITY-ST-ZIP	

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: *[Signature]* **Dora B. Rubin** DATE: **1/19/96** 305-590-2200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Dora B. Rubin, Assistant Secretary Daytime Phone #

CR2E034 (12/95)

**Zenith Goldline Shreveport, Inc.**  
**1996 Florida Corporation Annual Report**  
**Question #13**

**President and Director**  
John H. Klein  
140 Lagrand Avenue, Northvale, NJ 07647

**Vice President and Director**  
Richard C. Pfenniger, Jr.  
8800 N.W. 36th Street, Miami, FL 33178

**Secretary and Director**  
Armando A. Tabernilla  
8800 N.W. 36th Street, Miami, FL 33178

**Vice President**  
Charles W. Woodruff  
8910 Linwood Avenue, Shreveport, LA 71106

**Vice President**  
Richard Friedman  
140 Lagrand Avenue, Northvale, NJ 07647

**Vice President**  
Randy Glover  
50 N.W. 176 Street, Miami, FL 33169

**Vice President**  
Michael W. Fipps  
8800 N.W. 36th Street, Miami, FL 33178

**Treasurer**  
Andrew Zinzi  
8800 N.W. 36th Street, Miami, FL 33178

**Assistant Treasurer**  
Jordan Siegel  
8800 N.W. 36th Street, Miami, FL 33178

**Assistant Secretary**  
Dora B. Rubin  
8800 N.W. 36th Street, Miami, FL 33178