## 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

DOCUMENT #
1. Corporation Name

V42421

(0)

ZOOM INDUSTRIES OF FLORIDA, INC.										
Principal Place of Business Mailing Address						-			#1001 #1011 #1013 HAD	
655 OLEANDER DRIVE HALLANDALE FL 33009 HALLANDALE FL 33009										
						3. Date Incorporated or Qualified 06/08/1992	3a. Date		Report /1995	
Principal Place of Business		2a. Mailing Addres	1			4. FEI Number 65-0377593	Applied For Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, 6	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State		City & State	<u> </u>			Election Campaign Financing     Trust Fund Contribution		Audeo to rees		
Zip 24	Country 25	Ζ <sub>Ι</sub> ρ <b>29</b>	Country 30			This corporation has liability for intangible tax under s 199.032,     Florida Statutes				
	9. Name and Address of Currer	it Registered Agent				10. Name and Address of New R	agistered A	gent		
				81	Name					
Berman, Sylvia 655 Oldsmar Drive				82	Street Addre	s (P.O. Box Number is Not Acceptable)				
HALLA	NDALE FL 33009			83						
				84	City		FL	85	Zip Code	
or registere	o the provisions of Sections 607.0502 ad agent, or both, in the State of Flori n, and accept the obligations of, Sect	da. Such change was a	uthorized by the (	ve-r	named corpora oration's board	tion submits this statement for the pur d of directors. I hereby accept the appx	pose of cha pintment as	nging i: registe	s registered office ed agent. I am	
SIGNATURE _	Signature, typed or printed name of registered agent	and tille if applicable	(NOTE Begistered	Ager	nt signature required	when reinstating)	DATE			
12.	OFFICERS AND DIRECTORS			-		ADDITIONS/CHANGES TO OFF	CERS AND	DIREC	TORS IN 12	
TITLE	P DELETE		E 1.17	1. 1 TITLE				] Chang	e 🗌 Addition	
NAME	BERMAN, SYLVIA		1.2 N	AME						
STREET ADDRESS	655 OLEANDER DR.				ADDRESS					
CITY ST-ZIP	HALLANDALE FL 33009	☐ DELE			ST-ZIP			7 Chang	e 🗍 Addition	
TITLE							L	1 Cuan	CROOMOII	
NAME			2.2 N		ADDRESS					
STHEET ADDRESS			■ * *		ST-ZIP					
CITY-ST-ZIP TITLE		T DELE			51-211			] Chang	ge 🔲 Addition	
NAME		_	3.2 N						_	
STREET ADDRESS			3.3 5	TREE	T ADDRESS					
CITY-ST-ZIP					ST-ZIP					
TITLE		DELE	E 411	ITLE				) Chan;	ge 🔲 Addition	
NAME			4.2 N	AME						
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City-St-ZiP				ITY-S	ST-ZIP					
TITLE		☐ DELE	TE 5. 11	ITLE			L	] Chan;	ge 🔲 Addition	
NAME			5.2 N	AME						
STREET ADDRESS			5.3 S	TREE1	I ADDRESS					
CITY+ST-ZIP		E pro-			ST- ZIP			7 Chan;	⊋€	
TITLE		☐ DELE					L	7 (1191)	л Ц ноошол	
NAME			6.2 N		T ADDOCCO					
STREET ADDRESS					T ADDRESS					
CITY-ST-ZIP	v certify that the information supplied	with this filing is volunta	rily furnished and	doe	ST-ZIP   es not qualify fo	r the exemption stated in Section 119.	07(3)(k), Flo	ida St	atutes. I further	
certify that oath; that l	the information indicated on this ann	iual report or supplemer oration or the receiver o	ital annual report r trustee empowe	is tri	ue and accurat	e and that my signature shall have the report as required by Chapter 607, Fi	same legal	впест и	ıs ir made under	

SIGNATURE:

SYLVIA BURMAN 426/96

FORE AND TOPES OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

CR2E034 (12/95)