FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L32928** **(8)**

1. Corporation Name

Z PRECISION PRODUCTS, INC.

Principal Place of Business	Mailing Address
% FRANK ZIDANSEK ~~2449 SE DIXIE HWY~~ STUART FL ~~34996~~	% FRANK ZIDANSEK ~~2449 SE DIXIE HWY~~ STUART FL ~~34996~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/27/1989
3a. Date of Last Report: 06/16/1994

2. Principal Place of Business	2a. Mailing Address
21 1501 Decker Ave #309	26 1501 Decker Ave
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 309
City & State 23 Stuart FL	City & State 28 Stuart FL
Zip 24 34994 Country 25 MARTIN	Zip 29 34994 Country 30 MARTIN

4. FEI Number: 65-0160077 ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ZIDANSEK, FRANK ~~2449 SE DIXIE HWY~~ STUART FL ~~34996~~	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 1501 Decker Ave # 309 83 84 City: Stuart FL 85 Zip Code: 34994

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Vinka F. Zidansek — 4-25-95
(Signature, typed or printed name of registered agent and the date) (NOTE: Registered Agent signature required when new/amended) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	Pres, VP, D	☒ Change ☐ Addition
NAME	ZIDANSEK, FRANK	12 NAME		
STREET ADDRESS	~~2449 SE DIXIE HWY~~	13 STREET ADDRESS	1501 Decker Ave #309	
CITY ST ZIP	STUART FL	14 CITY ST ZIP	Stuart FL 34994	
TITLE		21 TITLE		☐ Change ☐ Addition
NAME		22 NAME		
STREET ADDRESS		23 STREET ADDRESS		
CITY ST ZIP		24 CITY ST ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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)(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 attachment with an address.

SIGNATURE: Vinka F. Zidansek — 4-25-95 — 407-216-9849
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0381432 CP