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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B, Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 09 1997 8:00am Secretary of State

	1997	DIVISION OF	CONFORATIO	1140		
	MENT # L3292	8) (8)				
Z PREC	ISION PRODUCTS, INC.					
Principal Place	e of Business	Mailing Address				[101] [10] [10] [10] [10] [10] [10] [10]
C/O FRANK ZI		% FRANK ZIDANSEK				
1501 DECKER AVE. #309 STUART FL 34994		1501 DECKER AVE., STE 309		1		
US	304	STUART FL 34994-3964 US			3. Date Incorporated or Qualified 3a. Date of Last Report	
					11/27/1989	03/25/1996
2. Principal P	lace of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·	*****	4. FEI Number	Applied For
21		26			65-0160077	Not Applicable
Suite: Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	E	City & State			6, Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		6. This corporation has liability for I	
24	25 9. Name and Address of Curr	29 ant Registered Agent	30	 	Florida Statutes 10. Name and Address of New Reg	Yes No
710.4		bill neglaterou Agent	81	Name	To, Name and Address of New Yes	Sistered Agent
ADMINER, FRANK				Chr. a. b. A. d. al	(0.0.0)	1
	TE 309		82	Street Add	ress (P.O. Box Number is Not Acceptab	18)
STU	ART FL 34994		83	·,		
			84	City		85 Zip Code
						FL
11. Pursuant office or r	to the provisions of Sections 607.09 registered agent, or both, in the Sta	502 and 607.1508, Florida Stati te of Florida, Such change was	ites, the above authorized by	named corporation	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of changing its registered the appointment as registered
agent. La	im familiar with, and accept the obl	igations of, Section 607,0505, F	lorida Statutes	i.		
SIGNATURE	Signarine Typholor printed name of registered a	gent and little if applicable (NC	TE: Registered Age	nt signature requ	ired when rainstating)	DATE
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	PSVP	☐ DELETE	1.1 TITLE			Change Addition
NAME 070001 AF 01 666	ZIDANESK, FRANK 1501 DECKER AVE. #309		1.2 NAME			Ì
STREET ADDRESS	STUART FL		1.4 CITY-5			į l
CHY-S1-7IP TITLE		DELETE	2.1 TITLE	1-20		Change Addition
NAM!			2.2 NAME			
STREET ADDRESS			2.3 STREET	ADDRESS		
CITY - ST - ZIP			2. 4 CITY - S	T-21P		
TITLE		☐ DÉLETE	3 I TITLE	ĺ		Change Addition
NAM!			3.2 NAME			1
STREET ADDRESS			33 STREET	{		
City+S1+ZiP TiflE		DELETE	3.4 CITY-S 4.1 TITLE	11-211/		Change Addition
NAME.		ba_d property	4. 2 NAME	1		have a consign to be a constitution
STREET ADDRESS			4.3 STREET	ADDRESS		
C/1Y-ST-7/P			4.4 CITY - S	ł		
TOLE		☐ DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME	1		
STREET ADDRESS			5.3 STRFET			Í
CITY - S1 - 7IP		Driete	5.4 CiTY-S	1-21P		Change Addition
TITLE		DELETE	6.1 TITLE	1		Change Addition
NAME STREET ADDRESS			6.2 NAME 6.3 STREE1	AUUBECE		
City-St-7IP			64 CITY - S	ì		
A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1				1		

14. To 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 attachment with an address.

SIGNATURE.

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day: me Prone #

0471092