
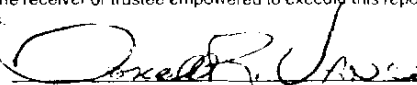


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Kathleen Harris Secretary of State DIVISION OF CORPORATIONS		L97000000352	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L97000000352 ZICORP CONSTRUCTORS, L.C. 1363 22ND STREET NORTH, SUITE A ST PETERSBURG FL 33713 L97000000352		1a. Principal Place of Business Address 1363 22ND STREET NORTH, SUITE A ST PETERSBURG FL 33713			
2. Principal Place of Business 500 1st Street Suite, Apt. #, etc. Suite C City & State Indian Rocks Beach, Florida Zip 33785		2a. Mailing Address 500 1st Street Suite, Apt. #, etc. Suite C City & State Indian Rocks Beach, Florida Zip 33785		3. Date Organized or Qualified 03/20/1997 4. FEI Number 59-3382616 5. Date of Last Report 04/24/1998	
3a. State of Formation FL <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>			
7. Name and Address of Current Registered Agent CAREY, MICHAEL R CAREY O'MALLEY WHITAKER & MANSON PA 100 S ASHLEY DRIVE TAMPA FL 33602				8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____ DATE _____ <small>(The registered agent, accepting agent, or trustee, if the registered agent is a corporation, must sign and print name and address.)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	MORROW, DANIEL J	1363 22ND STREET NORTH, SUITE A 500 1st St., Ste. C		ST PETERSBURG FL Indian Rocks Bch FL 33785	
MGR	HOLLINGSWORTH, JAMES E	1363 22ND STREET NORTH, SUITE A 500 1st St., Ste. C		ST PETERSBURG FL Indian Rocks Bch FL 33785	
MGR	VANCE, DONALD R	1363 22ND STREET NORTH, SUITE A 500 1st St., Ste. C		ST PETERSBURG FL Indian Rocks Bch FL 33785	
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE:  DONALD R. VANCE 3/31/99 727-543-1203 <small>SIGNATURE AND TITLE OF REGISTERED AGENT, ACCEPTING AGENT, OR TRUSTEE, IF THE REGISTERED AGENT IS A CORPORATION</small>					