

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
95 JUL 28 PM 1:23
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P92000014751 (1)**

1. Corporation Name
ZOLNOR CONSTRUCTION/DESIGN, INC.

Principal Place of Business: **5260 POOKS HILL RD. BETHESDA MD 20814**
Mailing Address: **5260 POOKS HILL RD. BETHESDA MD 20814**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/22/1992		3a. Date of Last Report 11/04/1994	
4. FEI Number 59-3155207		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country				2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country				9. Name and Address of Current Registered Agent ZOLNOR, ALI 5681 CROSSWINDS CT ST AUGUSTINE FL 32092				10. Name and Address of New Registered Agent 81 Name Zolnor Ali 82 Street Address (P.O. Box Number is Not Acceptable) 3215 Hendricks Avenue Suite 2 83 Riverpoint Building 84 City Jacksonville FL 85 Zip Code 32207			
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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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	ZOLNOR, ALI	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5681 CROSSWINDS CT	12 NAME	
STREET ADDRESS	ST AUGUSTINE FL 32092	13 STREET ADDRESS	
CITY, ST, ZIP		14 CITY, ST, ZIP	
TITLE D	ZOLNOR, ANNE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5681 CROSSWINDS CT	22 NAME	
STREET ADDRESS	ST AUGUSTINE FL 32092	23 STREET ADDRESS	
CITY, ST, ZIP		24 CITY, ST, ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(b), 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: **X** *Ali Zolnor* **7-24-95** **3015306899**
Date Office

CR2E034 (3/95)