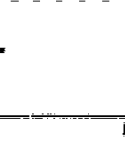


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 95 APR -7 AM 11:47	
DOCUMENT # P93000079365 (1)					
1. Corporation Name ZIM CONSTRUCTION, INC.					
Principal Place of Business 1427 SE EIGHTH AVE APT 101 DEERFIELD BEACH FL 33441			Mailing Address 5220 NW 77TH CT POMPANO FL 33073 US		
DO NOT WRITE IN THIS SPACE.					
2. Principal Place of Business 21 1265 S.E. 8th STREET Suite, Apt. #, etc. 22 City & State 23 DEERFIELD Bch. Zip Country 24 33441 25 BROWARD		26. Mailing Address 26 1265 S.E. 8th STREET Suite, Apt. #, etc. 27 City & State 28 DEERFIELD Bch. Zip Country 29 33441 30 BROWARD		3. Date Incorporated or Qualified 11/17/1993	
				3a. Date of Last Report 04/29/1994	
		4. FEI Number 65-0452106		Applied For ☐ Not Applicable	
		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
		6. Election Campaign Financing ☐		\$5.00 May Be Added to Fees	
		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No			
9. Name and Address of Current Registered Agent GIRARD, DANIEL 1427 SE EIGHTH AVE APT 101 DEERFIELD BEACH FL 33441			10. Name and Address of New Registered Agent 81 Name GIRARD, DANIEL 82 Street Address (P.O. Box Number is Not Acceptable) 1265 S.E. 8th STREET 83 84 DEERFIELD Bch. FL 85 Zip Code 33441		
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 officer 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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GIRARD, DANIEL 5220 NW 77TH CT POMPANO FL		1. 1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	D GIRARD, DANIEL 1265 S.E. 8th STREET DEERFIELD Bch., FL 33441	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	☐ Change ☐ Addition	
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 110.07(3)(k), 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE: <u>Daniel Girard</u> 4/1/95 305-481-2520 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					