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 31 PM 2:14
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P94000033019

1. Corporation Name
BOB ZIMMERMAN INTERIORS INCORPORATED

Principal Place of Business / Mailing Address
BOB ZIMMERMAN INTERIORS INC
4001 N. OCEAN BLVD
BOCA RATON, FL 33431

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 4001 N. OCEAN BLVD	26 SAME		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 650487195	Applied For / Not Applicable
City & State 23 BOCA RATON FLA	City & State 28	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
ZIP 24 33431 / Country 25 USA	ZIP 29 / Country 30	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
BOB ZIMMERMAN 4001 N. OCEAN BLVD BOCA RATON, FL 33431	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Section 607.0502 and 607.1008, 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 [signature] (If changing Registered Agent, Registered Agent must sign above.) DATE

12. OFFICER AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
01 PRES. 02 NAME BOB ZIMMERMAN 03 STREET ADDRESS 4001 N. OCEAN BLVD 04 CITY-ST-ZIP BOCA RATON FL 33431	01 ☐ Change ☐ Addition 02 NAME 03 STREET ADDRESS 04 CITY-ST-ZIP
05 TITLE 06 NAME 07 STREET ADDRESS 08 CITY-ST-ZIP	05 ☐ Change ☐ Addition 06 NAME 07 STREET ADDRESS 08 CITY-ST-ZIP
09 TITLE 10 NAME 11 STREET ADDRESS 12 CITY-ST-ZIP	09 ☐ Change ☐ Addition 10 NAME 11 STREET ADDRESS 12 CITY-ST-ZIP
13 TITLE 14 NAME 15 STREET ADDRESS 16 CITY-ST-ZIP	13 ☐ Change ☐ Addition 14 NAME 15 STREET ADDRESS 16 CITY-ST-ZIP
17 TITLE 18 NAME 19 STREET ADDRESS 20 CITY-ST-ZIP	17 ☐ Change ☐ Addition 18 NAME 19 STREET ADDRESS 20 CITY-ST-ZIP
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	21 ☐ Change ☐ Addition 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP

REMITTED BY MAY 1

14. I/We hereby certify that the information supplied with this report is true and complete for the purpose of this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 with an address.

SIGNATURE: [signature] BOB ZIMMERMAN 5/30/95 407-392-7383
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — TELEPHONE NUMBER