SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT



FLORIDA DEPARTMENT OF STATE

	CORPORATIO	in the Kina			3 Mortham ry of State	
<u> </u>	1996		** TES	DIVISION OF (CORPORATIONS	
[1.	OCUMENT :	# P950	000754	33 (9))	
	ZIMCO, INC.					
Pr	rincipal Place of Business		Mailing Ad	dress		
	1031 WEST MORSE BLVD. WINTER PARK FL 32789	. SUITE 105		ST MORSE BL PARK FL 3278	VD SUITE 105 9	
	Principal Place of Busine	988	2a. Mailing	Address		
21	Suite, Apt. #, etc.		26 Suite, A	Apt #, etc		
22		27				
23	City & State	City & State				
	Zin	Country	7.0		Country	

|--|

3a. Date of Last Report

Applied For Not Applicable \$8.75 Additional

Fee Required

3. Date Incorporated or Qualified

5. Certificate of Status Desired

09/29/1995 4. FEI Number 59 3339899

20	City & Sta	ile	<u></u> ⊢¬ ′	/ & State				6. Election Campaign Financing \$5.00 May Be
24	23 Ziro	Country	28		0			Trust Fund Contribution Added to Fees
APPLETON, MICHAEL J 1031 WEST MORSE BLVD., SUITE 105 WINTER PARK FL 32789 92 Street Address (P.O. Box Number is Not Acceptable)		<u></u> ⊢¬ ′	 1	· · · · · · · · · · · · · · · · · · ·		У		
APPLETON, MICHAEL J 1031 WEST MORSE BLVD., SUITE 105 WINTER PARK FL 32789 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607 0502 and CO7 1508. Florida Stabitos, the above named corporation submits this statement for the purpose of changing its rejidence of efficient day sputh or both, in the State of Florida, Stabitos, the above named corporation submits this statement for the purpose of changing its rejidence of efficient day sputh or lightly of the corporation's board of directors. Thereby ascept this approximation as registered agent in the sputh day of providing of the composition of the purpose of changing its rejidenced agent in the sputh day of the composition of the control Stabitos. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12 10. If I I I I I I I I I I I I I I I I I I		9. Name and Address of Curre	ent Registered	d Agent				10. Name and Address of New Registered Agent
## City Fig. Bs Zip Code ## City Interval Acceptable ## City Interval Acceptable Acceptable Acceptable ## City Interval Acceptable Acceptable Acceptable Acceptable ## City Interval Acceptable Acceptable Acceptable Acceptable ## City Interval Acceptable Acceptable	4	APPLETON MICHAEL J			81	١	Name	
WINTER PARK FL 32789 B3			E 105		82	2	Street Addres	ess (P.O. Box Number is Not Acceptable)
STREET ADDRESS CTY-ST-ZP DELETE						\perp		
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above named corporation submits his statement for the purpose of changing its registered agent, or both, in the State of Florida, Such change was suitionized by the corporation's board of directors. Thereby accept the approintment as registered agent for the purpose of changing its registered agent for the corporation's board of changing its registered agent for the corporation's board of changing its registered agent for the corporation's board of changing its registered agent for the corporation's board of changing its registered agent for the corporation's board agent purpose of changing its registered. 12.					83	1		
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 again of both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered again. I am family in the provision of the State of Florida Statutes. SIGNATURE					84	•	City	FL 85 Zip Code
SIGNATURE	11. Pursuant	t to the provisions of Sections 607.05	02 and 607.15	08, Florida Statutes	s, the above	е-г	named corpor	ration submits this statement for the purpose of changing its registered
12.	agent I	am familiar with, and accept the oblig	gations of Dec	tion 607.0505, Flor	ida Statutes	S	ic corporation	respond or orectors. Thereby accept the appointment as registered
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	SIGNATURE	Myznay Saw	000					
TITLE	12					Jent 	t signature required	
TITLE					·			
TITLE	NAME	Arzua NAWOOD	•					vidago
TITLE	STREET ADDRESS	5376 BIRCH REM	rb Loc	P			ADDRESS	
THE	CITY-ST-ZIP	OVIEDO FA.	32765	•	1.4 Cify -	ST.	· ZIP	
STREET ADDRESS 23 STREET ADDRESS 24 CITY ST ZIP TITLE	TITLE			DELETE	2 1 TITLE			Change Addition
CITY-ST-ZP	NAME				2.2 NAME			
DELETE STREET ADDRESS STREET ADDRE	STREET ADDRESS				2 3 STREE	T A	ODRESS .	
NAME				The same		· Sr	ZIP	
STREET ADDRESS 33 STREET ADDRESS 34 CITY-ST-7/P				DELETE				Change Add tion
DELETE								
DELETE								
NAME STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP TITLE DELETE 51 TITLE NAME 52 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 53 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 54 CITY-ST-ZIP TITLE DELETE 54 CITY-ST-ZIP TITLE DELETE 56 DILE 62 NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS 63 STREET ADDRESS 63 STREET ADDRESS		 		DELETE		- 51	- 7IP	Change Admino
STREET ADDRESS 43 STREET ADDRESS 44 CTY - ST - 7IP				L_J DECEN		-		E CHARGE MACHION
CITY-ST-ZIP	ı						DORESS	
DELETE								
STREET ADDRESS 53 STREET ADDRESS 54 CITY - ST - ZIP 54 CITY - ST - ZIP 51 CITE 51 CITE 51 CITE 52 NAME 52 NAME 53 STREET ADDRESS 63 STREET ADDRESS 64 STREET ADDRE				DELETE			32	Change Adoltion
CITY-ST-ZP	NAME				5.2 NAME			
TITLE	STREET ADDRESS				5 3 STREE	ΤA	DORESS	
NAME 6 2 NAME STREET ADDRESS 6 3 STREET ADDRESS					5.4 City -:	-12	- /IP	
STREET ADDRESS 63 STREET ADDRESS				L DELETE	6.1 MILE			Change Addition
• • • • • • • • • • • • • • • • • • •					6.2 NAME			
					6 3 STREE	ΓA	DORESS	
City-St-ZiP 64City-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)(k). Florida Statutes 1	City-St-ZiP	by costifu that the information or and	ad with this II.	- colo colombosi. Co				d.d

on mis annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if ector of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and 13 if changed, or on an attachment with an address. made under eath; that I am an office that my name appears in Block 12 of

SIGNATURE:

Saw ITT

6/12/96 407 273 6/75