

**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 CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **640039 (4)**

1. Corporation Name
M. S. K. PRECISION PRODUCTS, INC.



Principal Place of Business: **4571 NW 8 AVENUE FT. LAUDERDALE FL 33309**
Mailing Address: **4571 NW 8 AVENUE FT. LAUDERDALE FL 33309**

3. Date Incorporated or Qualified: **07/30/1979**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: **4100 NW 10 AVE**
2a. Mailing Address: **4100 NW 10 AVE**
21. Suite, Apt #, etc.:
22. City & State: **FT LAUDERDALE, FL**
23. City & State: **FT LAUDERDALE, FL**
24. Zip: **33309-4601**
25. Country: **Broward**
26. Suite, Apt #, etc.:
27. City & State:
28. City & State:
29. Zip: **33309-4601**
30. Country: **Broward**

4. FEI Number: **59-1928910**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
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

**BROMFIELD, STEPHEN
4571 NW 8TH AVE
FT LAUDERDALE FL 33309**

10. Name and Address of New Registered Agent

B1 Name: **Bromfield, Stephen**
B2 Street Address (P.O. Box Number is Not Acceptable): **4100 NW 10 Avenue**
B3 City: **Ft. Lauderdale** FL B5 Zip Code: **33309**

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

Signature type: Perfect Name of Registered Agent and Not Applicable

(NOTE: Registered Agents are required when re-registering)

EA:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVTD	11 TITLE	VD
NAME	BROMFIELD, STEPHEN	12 NAME	William Wilhelm
STREET ADDRESS	2747 NE 35 COURT	13 STREET ADDRESS	5511 NW 50 AVE
CITY - ST - ZIP	FT LAUDERDALE FL	14 CITY - ST - ZIP	Ft Lauderdale FL 33319
TITLE	D	21 TITLE	
NAME	BROMFIELD, STEPHEN	22 NAME	
STREET ADDRESS	2747 N.E. 35 COURT	23 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL	24 CITY - ST - ZIP	
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	
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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William Wilhelm* **William Wilhelm June 11, 1996**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)