

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAY 25 PM 12:18

DOCUMENT # 685850 (0)
1. Corporation Name
CONSOLIDATED PRECISION CORPORATION OF 1980

Principal Place of Business Mailing Address
**3541 STATE RD 710 3541 STATE RD 710
RIVIERA BCH. FL 33404 RIVIERA BCH. FL 33404**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/28/1980** 3a. Date of Last Report **06/24/1994**
4. FEI Number **59-2043542** 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 § 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

**ALEXANDER, LARRY B
505 S FLAGLER DR 11TH FLOOR
WEST PALM BCH FL 33402**

10. Name and Address of New Registered Agent

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 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: Typed or printed name of registered agent and the 4 applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PDS**
NAME **DEAKTER, MICHAEL ALLEN**
STREET ADDRESS **1207 SENECA ST**
CITY-ST-ZIP **JUPITER FL**
TITLE **VD**
NAME **SPENCER, MARK A.**
STREET ADDRESS **906 FRUITLAND AVE.**
CITY-ST-ZIP **BRADENTON FL**
TITLE **V**
NAME **LEVANDOWSKI, STANLEY**
STREET ADDRESS **14650 MARRIAN AVE.**
CITY-ST-ZIP **PALM BCH. GARDENS FL**
TITLE **V**
NAME **HERSH, RAYMOND T**
STREET ADDRESS **1703 VESTAL DR.**
CITY-ST-ZIP **CORAL GABLES FL**
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 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 107, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Michael S. Deakter
President

M.A. DEAKTER

4/30/95

407-848-6638