	PROFIT DRPORATION NUAL REPORT 1996	Sar Se	EPARTMENT OF STATE dra B. Mortham cretary of State OF CORPORATIONS		
DOCUMENT # J87060 (6)					
PREC	SISION COMPUTER SERVI	ICES, INC.			
•	ice of Business LE MABRY, SUITE 200	Mailing Address			0/41/ 00/1 4/4/1 0/0/4 0/0/1 4/0/1 0/0/1 4/0/1 /0/0/
TAMPA FL		4636 N. DALE MAB TAMPA FL 33614 US	КΤ		
		03		 Date Incorporated or Qualifity 08/13/1987 	ied 3a. Date of Last Report 05/01/1995
2. Principal	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Ap	ot. #, etc.	26		59-2867725 5. Certificate of Status Desired	
City & Sta	ale	City & State		Election Campaign Financia Trust Fund Contribution	S [] WOLOO May Do
Zip 4	Country 25	Zip 29	Country 30		Added to Fees ✓or intangible tax under s 199.032, Yes □ No
	9. Name and Address of Cu	rrent Registered Agent		10. Name and Address of Ne	
SCOTS	SON, RONALD B		81 Name	•	
4636 N	I. DALE MABRY			Address (P.O. Box Number is Not Acce	ptable)
SUITE 1700			83		
TAMPA FL 33614			84 City		FL 85 Zip Code
11. Pursuan or regist	nt to the provisions of Sections 607.0	0502 and 607.1508, Florida Sta	tutes, the above-named o	corporation submits this statement for the social of directors. I hereby accept the	
TCTT HITCH	with and accept the obligations of, a	Section 607.0505, Florida Statu	tes.	s board of directors. Thereby accept the	appointment as registered agent. I am
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable	(NOTE: Registered Agent signature	required when reinstating)	DATE
12.	· · · · · · · · · · · · · · · · · · ·	AND DIRECTORS	13.		OFFICERS AND DIRECTORS IN 12
ITEE IAME	MODEANI EDANICI	DETELE	1. 1 TITLE		Change Addition
AMIL	MORSANI, FRANK L. 4636 N. DALE MABRY		1.2 NAME 1.3 STREET ADDRESS		
TREET ADDRESS	_ I				
	I IAMPA FL				
ITY-ST-ZiP	TAMPA FL ST	DELETE	1.4 CHY-ST-ZIP 2.1 TITLE		☐ Change ☐ Addition
ITY-ST-ZiF	ST SCOTSON, RONALD B	DELETE	1.4 CHY-ST-ZIP		☐ Change ☐ Addition
ITY-ST-ZIP TLE AME TREET ADORESS	ST SCOTSON, RONALD B 4636 N. DALE MABRY	DELETE	14 CHY-ST-ZIP 2 1 TITLE		Change Addition
ITY-ST-ZIP TLE AME TREET ADORESS ITY-ST-ZIP	ST SCOTSON, RONALD B 4636 N. DALE MABRY TAMPA FL		14 CIFY- ST-ZIP 2 1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY- ST-ZIP		
HTY-ST-ZIP HTLE HAME TREET ADDRESS HTY-ST-ZIP HTLE	ST SCOTSON, RONALD B 4636 N. DALE MABRY TAMPA FL V	☐ DELETE	1.4 CHY-ST-ZIP 2.1 TIYLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE		Change Addition
HTY-ST-ZIP ITLE IAME TREET ADDRESS HTY-ST-ZIP ITLE AME	ST SCOTSON, RONALD B 4636 N. DALE MABRY TAMPA FL V OHLMAN, ROBERT A.	☐ DELETE	1.4 CHY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME		
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TY-ST-ZIP TILE MME REET ADDRESS TY-ST-ZIP TILE MME ME REET ADDRESS TY-ST-ZIP TILE MME REET ADDRESS TY-ST-ZIP TILE	ST SCOTSON, RONALD B 4636 N. DALE MABRY TAMPA FL V OHLMAN, ROBERT A. 4600 N. DALE MABRY, #2 TAMPA FL AS HIGBEE, ALAN 501 E KENNEDY #1700 TAMPA FL DP ROMANO, JACK 4636 N. DALE MABRY TAMPA FL	DELETE	1.4 CHY-SI-ZIP 2.1 TIYLE 2.2 NAME 2.3 STREEL ADDRESS 2.4 CITY-SI-ZIP 3.1 THRE 3.2 NAME 3.3. STREEL ADDRESS 3.4 CITY-SI-ZIP 4.1 THLE 4.2 NAME 4.3 STREEL ADDRESS 4.4 CITY-SI-ZIP 5.1 THRE 5.2 NAME 5.3 STREEL ADDRESS 5.4 CHY-SI-ZIP 6.1 THRE	5000018 -05/22/960 ***200.00	Change Addition Change Addition Change Addition

certify that the information indicated on this annual report or supplementa' annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an atlachment with an address.

SIGNATURE:

RONALD B. SCOTSON 4-30-96 (813) 873-0003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

(813) 873-0003