

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**May 13 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1998**



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

**DOCUMENT # J87060 (6)**  
 1. Corporation Name  
**PRECISION COMPUTER SERVICES, INC.**



Principal Place of Business: **4800 N DALE MABRY, SUITE 200 TAMPA FL 33614**  
 Mailing Address: **4836 N. DALE MABRY TAMPA FL 33614 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/13/1987**  
 4. FEI Number: **59-2867725** 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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business: **4636 N. DALE MABRY** Suite, Apt. #, etc.: **SUITE 200** City & State: **TAMPA, FL** Zip: **33614** Country: **US**  
 2a. Mailing Address: **4636 N. DALE MABRY** Suite, Apt. #, etc.: **SUITE 200** City & State: **TAMPA, FL** Zip: **33614** Country: **US**

9. Name and Address of Current Registered Agent: **SCOTSON, RONALD B 4836 N. DALE MABRY TAMPA FL 33614**  
 10. Name and Address of New Registered Agent: **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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORSANI, FRANK L.	1.2 NAME	
STREET ADDRESS	4636 N. DALE MABRY	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTSON, RONALD B	2.2 NAME	
STREET ADDRESS	4636 N. DALE MABRY	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OHLMAN, ROBERT A.	3.2 NAME	
STREET ADDRESS	4800 N. DALE MABRY, #200	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIGBEE, ALAN	4.2 NAME	
STREET ADDRESS	801 E KENNEDY #1700	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE	DP <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMANO, JACK	5.2 NAME	
STREET ADDRESS	4636 N. DALE MABRY	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert A. Ohlman* ROBERT OHLMAN VP 4/20/98 (813) 816 9901

CF2E034 (10/97)