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

PROFIT *CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

	1996	DIVISION OF CO	RPORATIONS		
DOCU 1. Corporatio	MENT # K3886	9 (9)			
PRECE	SION INFINITI, INC.				
Principal Place	e of Business	Maling Address			1911 BYEK 91814 BYEK 81914 BYEK 1776 A
4612 N DALE MABRY 4636 N. DALE MABRY					
TAMPA FL 3: US	3614	TAMPA FL 33614			
50		US		3. Date Incorporated or Qualified	3a. Date of Lest Report
2. Principal P	Place of Business	2a. Mailing Address		10/13/1988 4. FEI Number	05/01/1995
21		26		59-2958651	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & Stat	· o	Crty & State			Fee Required
23		28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ziρ	Country	Zip	Country	8. This corporation has liability for i	ntangible tax under s 199,032,
24	9, Name and Address of Curre	29 30	<u> </u>		[]No
	g, manne une neuless el eules	ar Hollowing Mant	81 Name	10. Name and Address of New R	egisterea Agént
· SCOTSON, RONALD B			82 Street Ac	ddress (P.O. Box Number is Not Acceptab	(a
4636 N.	DALE MABRY			Alless I 10. Box Hall bor 15 Hot Adooptab	10)
SUITE 2			83		
* IAMPA I	FL 33614		84 City		85 Zip Code
11. Pursuant	to the provisions of Sections 607,050	2 and 607.1508, Florida Statutes, th	ie above-named corp	coration submits this statement for the pur	cose of changing its registered office
or register familiar w	red agent, or both, in the State of Flor ith, and accept the obligations of, Soc	nda. Such change was authori zed by ction 607.0505, Florida Statut <mark>es</mark> .	the corporation's bo	coration submits this statement for the pur pard of directors. I horeby accept the appo	intment as registered agent. I am
SIGNATURE	Signature, typed or printed name of agistered age		gistered Agent signature regi		
12.		ND DIRECTORS	astereo Agont signature requ	ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRECTORS IN 12
TITLE	DC	DELETE	1. 1 TIFLE		CERS AND DIRECTORS IN 12 Change Addition
NAME	MORSANI, FRANK L.		1.2 NAME		
STREET ADDRESS CITY-ST-ZIP	4636 N. DALE MABRY TAMPA FL		1.3 STREET ADDRESS		
TITLE	D D	DELETE	1.4 CITY-ST-ZIP 2 1 TITLE		Change Addition
NAME	MORSANI, CAROL D.		22 NAME		
STREET ADDRESS	4636 N. DALE MABRY		23 STREET ADDRESS		
CHTY-ST-ZIP	TAMPA FL	FTS CALLETY	2 4 C/TY - ST - Z/P		
NAME	ST SCOTSON, RONALD B	DELETE	3.1 TITLE 3.2 NAME		☐ Change ☐ Addition
STREET ADDRESS	4636 N. DALE MABRY		3.3. STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		3.4 City-St-ZiP		
TITLE	V	DELETE	4. 1 TITLE V		Change Addition
NAME Street address	MCCORMICK, AL C		4.2 NAME	OGIELGARN, DAVID	
STREET ADURESS CRTY-ST-ZIP	4636 N DALE MABRY HWY TAMPA FL			612 N DALE MABRY HWY CAMPA FL 33614	
TITLE	AS	☐ DELETE	5. 1 TITLE	MIN FL 33014	Change Addition
NAME	HIGBEE, ALAN		5.2 NAME	90000183	86289
STREET ADDRESS	501 E KENNEDY #1700	į	5.3 STREET ADDRESS	-05/23/96010	16014
C/TY+ST-ZIP TITLE	TAMPA FL	DELETE	5.4 CHY-S1-7IP	***200 <u>.00</u>	Change C Addition
NAME	DP ROMANO, JACK	L.J Deter	6. 1 TITLE 6.2 NAME		Change Addition
	viii/viv. vavil		W-191 F W 1177 L		
STREET ADDRESS	4636 N. DALE MABRY		6.9 STREET ADDRESS		5-1-96 OR

14. I do hereby certify that the information supplied with this filling 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ronald B. SCOTSON BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-96

(813) 873-0003