

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

**FILED**  
**May 16 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1997**



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

**DOCUMENT # K38869 (9)**  
 1. Corporation Name  
**PRECISION INFINITI, INC.**



Principal Place of Business Mailing Address  
**4612 N DALE MABRY TAMPA FL 33614 US**  
**4636 N. DALE MABRY TAMPA FL 33614-7022 US**

3. Date Incorporated or Qualified **10/13/1988** 3a. Date of Last Report **05/01/1996**  
 4. FEI Number **59-2950651** 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

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  
**SCOTSON, RONALD B**  
**4636 N. DALE MABRY**  
**SUITE 200**  
**TAMPA FL 33614**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Sign either typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DC</b> <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MORSANI, FRANK L.</b>	12 NAME	
STREET ADDRESS	<b>4636 N. DALE MABRY</b>	13 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	14 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MORSANI, CAROL D.</b>	22 NAME	
STREET ADDRESS	<b>4636 N. DALE MABRY</b>	23 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	24 CITY-ST-ZIP	
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCOTSON, RONALD B</b>	32 NAME	
STREET ADDRESS	<b>4636 N. DALE MABRY</b>	33 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	34 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FOGIELGATN, DAVID</b>	42 NAME	
STREET ADDRESS	<b>4812 N. DALE MABRY HWY.</b>	43 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL 33614</b>	44 CITY-ST-ZIP	
TITLE	<b>AS</b> <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HIGBEE, ALAN</b>	52 NAME	
STREET ADDRESS	<b>501 E KENNEDY #1700</b>	53 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	54 CITY-ST-ZIP	
TITLE	<b>DP</b> <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROMANO, JACK</b>	62 NAME	
STREET ADDRESS	<b>4636 N. DALE MABRY</b>	63 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	64 CITY-ST-ZIP	

14. I do 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: Ronald B. Scotson (RONALD B) SCOTSON** **APRIL 29, 1997** **(813) 873-0003**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)