

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

**FILED**  
**May 14 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # L87819 (3)**  
 1. Corporation Name  
**PRECISION APPROACH, INC.**



Principal Place of Business <b>280 S. S.R. 434                  ALTAMONTE SPRINGS FL 32714                  US</b>	Mailing Address <b>4111 WINDERLAKES DR                  ORLANDO FL 32835                  US</b>
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DO NOT WRITE IN THIS SPACE

<b>21</b> 2. Principal Place of Business	<b>26</b> 2a. Mailing Address
Suite, Apt. #, etc.	<b>7630 Kings Passage Ave.</b>
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> <b>Orlando FL</b>
<b>24</b> Country	<b>29</b> <b>32835</b>
<b>25</b> Country	<b>30</b> <b>US</b>

<b>3.</b> Date Incorporated or Qualified <b>07/19/1990</b>
<b>4.</b> FEI Number <b>59-3018568</b>
<b>5.</b> Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**9. Name and Address of Current Registered Agent**  
**HIGH, SHERRY**  
**4111 WINDERLAKES DRIVE**  
**ORLANDO FL 32835**

**10. Name and Address of New Registered Agent**

<b>81</b> Name	<b>High Sherry</b>
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	<b>7630 Kings Passage Ave.</b>
<b>83</b>	
<b>84</b> City	<b>Orlando FL</b>
<b>85</b> Zip Code	<b>32835</b>

**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	PSTC HIGH, SHERRY	1.1 TITLE	
NAME	4111 WINDERLAKES DR.	1.2 NAME	
STREET ADDRESS	ORLANDO FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD HIGH, WALTER C.	2.1 TITLE	
NAME	4111 WINDERLAKES DR.	2.2 NAME	
STREET ADDRESS	ORLANDO FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D PEARCE, MIKE	3.1 TITLE	
NAME	16246 LAKE SHORE DR.	3.2 NAME	
STREET ADDRESS	CLERMONT FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D MATHIAS, ELIZABETH K	4.1 TITLE	
NAME	2479 BENT WAY CT	4.2 NAME	
STREET ADDRESS	APOPKA FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: *Sherry High* Sherry High 4-29-98 407-291-9194

CR2E034 (10/97)