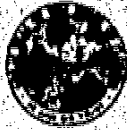


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 26 AM 10: 50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000004605 (1)**

1. Corporation Name
SIRTECH PRECISION, INC.

Principal Place of Business 1037 S.E. HOLBROOK CT BUILDING C, UNIT 6 PORT ST. LUCIE FL 34952-3431	Mailing Address 1037 S.E. HOLBROOK CT BUILDING C, UNIT 6 PORT ST. LUCIE FL 34952-3431
---	---

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 11/09/1992	3a. Date of Last Report 04/26/1994
--	--

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0369837		Applied For <input type="checkbox"/> Not Applicable	
21		26		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		8. This corporation has liability for intangible tax under S. 100.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
22 City & State		27 City & State					
23 Zip	Country	28 Zip	Country				
24	25	29	30				

9. Name and Address of Current Registered Agent

**WELCH, WALLACE
4900 N.W. IRRINGTON TERRACE
PORT ST. LUCIE FL 34983**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELCH, WALLACE	1.2 NAME	
STREET ADDRESS	4900 N.W. IRRINGTON TERRACE	1.3 STREET ADDRESS	
CITY - ST - ZIP	PORT ST. LUCIE FL 34983	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELCH, LINDA	2.2 NAME	
STREET ADDRESS	4900 N.W. IRRINGTON TERRACE	2.3 STREET ADDRESS	
CITY - ST - ZIP	PORT ST. LUCIE FL 34983	2.4 CITY - ST - ZIP	
TITLE	STD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELCH, WALLACE	3.2 NAME	
STREET ADDRESS	4900 N.W. IRRINGTON TERRACE	3.3 STREET ADDRESS	
CITY - ST - ZIP	PORT ST. LUCIE FL 34983	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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:

Wallace Welch *Wallace Welch* *Wallace Welch*

4/18/95

407-337-1166

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Telephone Number