

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

003019\*

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90195 041 \*\*\*150.00

DOCUMENT # P93000066318

1. Corporation Name ACCU-SPEED MACHINING CO.



Principal Place of Business 2341 GUAVA DR EDGEWATER FL 32141

Mailing Address 2341 GUAVA DR EDGEWATER FL 32141

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/23/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				59-3202214	
22. City & State		27. City & State		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing	
Country		Country		Trust Fund Contribution	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip		29. Zip		8. This corporation owes the current year intangible	
Country		Country		Personal Property Tax.	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CHACE, STEPHEN S 2341 GUAVA DR EDGEWATER FL 32141				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City			
				85. Zip Code			
				EDGEWATER FL 32141			

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 William L. Piser Pres. William L. Piser 4-26-99

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	P	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	SECRETARY - TREASURER	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CHACE, STEPHEN S			1.2 NAME	BARBARA A. PISER		
STREET ADDRESS	2341 GUAVA DR			1.3 STREET ADDRESS	2341 GUAVA DR.		
CITY-ST-ZIP	EDGEWATER FL			1.4 CITY-ST-ZIP	EDGEWATER FL 32141		
TITLE	VSD	<input type="checkbox"/> DELETE		2.1 TITLE	PRESIDENT - DIRECTOR	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PISER, WILLIAM L			2.2 NAME	WILLIAM L. PISER		
STREET ADDRESS	1711 EDGEWATER DR			2.3 STREET ADDRESS	2341 GUAVA DR.		
CITY-ST-ZIP	EDGEWATER FL			2.4 CITY-ST-ZIP	EDGEWATER FL 32141		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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		<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, with all other like empowered.

SIGNATURE: William L. Piser William L. Piser 4-26-99 904-426-8900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)