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PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **P94000052476**

1. Corporation Name
PRECISION CUTTING, INC.

Principal Place of Business	Mailing Address
~~3005 SW 2ND AVE #102 #108 FT LAUDERDALE FL 33315~~ US	~~3005 SW 2ND AVE 102 FT LAUDERDALE FL 33315~~ US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 07/14/1994

4. FEI Number: 65-0504743 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 2924 N.W. 28TH STREET	26 2924 N.W. 28TH STREET
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 FT. LAUDERDALE, FL	City & State 28 FT. LAUDERDALE, FL
Zip 24 33311 Country 25 U.S.A.	Zip 29 33311 Country 30 U.S.A.

9. Name and Address of Current Registered Agent

ABERLE, FLORIAN J
~~3005 SW 2ND AVE~~
~~102~~
~~FT LAUDERDALE FL 33315~~

10. Name and Address of New Registered Agent

81 Name: ABERLE, FLORIAN J.
82 Street Address (P.O. Box Number is Not Acceptable): 2924 N.W. 28TH STREET
83
84 City: FT. LAUDERDALE **FL** 85 Zip Code: 33311

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE	DP	☒ Change ☐ Addition
NAME	ABERLE, FLORIAN J		1.2 NAME	ABERLE, FLORIAN J.	
STREET ADDRESS	3005 SW 2ND AVE STE 102		1.3 STREET ADDRESS	2924 N.W. 28TH STREET	
CITY-ST-ZIP	FT LAUDERDALE FL 33315		1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33311	
TITLE	VST	☐ DELETE	2.1 TITLE	VST	☒ Change ☐ Addition
NAME	ABERLE, FLORIAN J		2.2 NAME	ABERLE, FLORIAN J.	
STREET ADDRESS	3005 SW 2ND AVE STE 102		2.3 STREET ADDRESS	2924 N.W. 28TH STREET	
CITY-ST-ZIP	FT LAUDERDALE FL 33315		2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33311	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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: _____ FLORIAN J. ABERLE 3/2/99 954-484-1110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #