

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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90297 006 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000020156

1. Corporation Name
UNITRON PRECISION MACHINING, INC.



Principal Place of Business 4930 OLD WINTER GARDEN ROAD ORLANDO FL 32811-1686	Mailing Address 4930 OLD WINTER GARDEN ROAD ORLANDO FL 32811-1686
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 03/04/1996	4. FEI Number 59-3366577	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
23. City & State	28. City & State	6. Election Campaign Financing 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 Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent KELLER, DEBRA CPA 1177 LOUISIANA AVENUE STE 100 WINTER PARK FL 32789		10. Name and Address of New Registered Agent	
81. Name	Dennis R. Gillard CPA		
82. Street Address (P.O. Box Number is Not Acceptable)	114 Pennsylvania Ave		
83.			
84. City	Winter Garden	85. Zip Code	FL 34787

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: *Dennis R. Gillard* DATE: 5/14/99

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	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVLUPT, GEORGE	1.2 NAME	
STREET ADDRESS	5720 VIKING PLACE	1.3 STREET ADDRESS	1623 WALKERTON COURT
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	WINTER GARDEN, FL 34787
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Diane De Vlugt	2.2 NAME	DIANE DEVLUPT
STREET ADDRESS	5720 Viking Place	2.3 STREET ADDRESS	1623 WALKERTON CT
CITY-ST-ZIP	Orlando, FL WINTER	2.4 CITY-ST-ZIP	WINTER GARDEN, FL 34787
TITLE	Treasurer <input type="checkbox"/> DELETE	3.1 TITLE	Treas <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jason De Vlugt	3.2 NAME	JASON DEVLUPT
STREET ADDRESS	5720 Viking Place	3.3 STREET ADDRESS	5720 5103 CARL LANG
CITY-ST-ZIP	Orlando FL	3.4 CITY-ST-ZIP	ORLANDO FL 32808
TITLE	Shareholder Secretary <input type="checkbox"/> DELETE	4.1 TITLE	SVC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steve Ingo	4.2 NAME	STEVE ZRBV
STREET ADDRESS	5720 Viking Place	4.3 STREET ADDRESS	5720 VIKING PLACE
CITY-ST-ZIP	Orlando, FL	4.4 CITY-ST-ZIP	ORLANDO FL 32808
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 in an attachment with an address, with all other like empowered.

SIGNATURE: *George De Vlugt* DATE: 5/14/99 DAYTIME PHONE #: 407-299-4180

Signature, typed or printed name of signing officer or director

CR2E034 (11/98)