

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

FILED  
Feb 26 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 # **P97000092578 (8)**

1. Corporation Name

**PRECISION DESIGN BUILDERS, INCORPORATED**

Principal Place of Business

**3637 NORTHDAL BLVD #304  
TAMPA FL 33624**

Mailing Address

**3637 NORTHDAL BLVD #304  
TAMPA FL 33624**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	10/28/1997	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	59-347617	
24	Country	29	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BUSINESS FILINGS, INCORPORATED  
1186 OCEANSHORE BLVD  
SUITE 195  
ORMOND BEACH FL 32176**

10. Name and Address of New Registered Agent

81	Name	STEVEN BECKER	
82	Street Address (P.O. Box Number is Not Acceptable)	3637 NORTHDAL BLVD #304	
83	City	TAMPA	
84	State	85	Zip Code
	FL		33624

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 of president or principal officer of registered agent, or a title if applicable

(NOTE: Registered Agent signature required when reinstating)

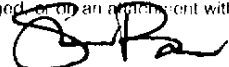
2/3/98

DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	1.1 TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	1.2 NAME		1.2 NAME		
STREET ADDRESS	1.3 STREET ADDRESS		1.3 STREET ADDRESS		
CITY-ST-ZIP	1.4 CITY-ST-ZIP		1.4 CITY-ST-ZIP		
TITLE	2.1 TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	2.2 NAME		2.2 NAME		
STREET ADDRESS	2.3 STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP	2.4 CITY-ST-ZIP		2.4 CITY-ST-ZIP		
TITLE	3.1 TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	3.2 NAME		3.2 NAME		
STREET ADDRESS	3.3 STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP	3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE	4.1 TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	4.2 NAME		4.2 NAME		
STREET ADDRESS	4.3 STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP	4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	5.1 TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	5.2 NAME		5.2 NAME		
STREET ADDRESS	5.3 STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP	5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	6.1 TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	6.2 NAME		6.2 NAME		
STREET ADDRESS	6.3 STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP	6.4 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 addendum with an address.

SIGNATURE:



2/3/98

813-968-4416

CR2E034 (10/97)