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

PROFIT CORPORATION ANNUAL REPORT

1997

Principa! Place of Business

800 N W 7TH AVENUE

SIGNATURE:

MIAMI FL 33136



FLORIDA DEPARTMENT OF STATE

FILED

Jan 15 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 181838

(4)

Mailing Address

800 N W 7TH AVENUE

MIAMI FL 33136-3108

FLORIDA PRECISION INSTRUMENT CORPORATION

								3.	Date Incorporated or Qualified 11/27/1954		e of Last R 6/1996	leport	
2. Principal Place of Business				2a, Mailing Address					FEI Number	1 041=		oplied For	
21			26	Trianing records				59-0727166			ot Applicable		
Suite, Apt	#, etc			Suite, Apt. #, etc.					· · · · · · · · · · · · · · · · · · ·			Additional	
22				27				5.	Certificate of Status Desired		•	beriupe	
City & State				City & State				6.	Election Campaign Financing		\$5.00	May Be	
23				8]					Trust Fund Contribution			to Fees	
Zip	}— <u>1</u>	Country		Zip	30 Cou	ountry		8.	8. This corporation has liability for intangible tax under s. 199.032,				
24	25	address of Current	29	to-ad &sage	·		L	Florida Statutes Y Yes No 10. Name and Address of New Registered Agent					
9. Name and Address of Current Registered Agent							Name	10.	Name and Address of New Hi	A Deletsige	gent		
GODFREY, EC							81 Name						
800 N W 7TH AVE MIAMI, FL 33138						82	82 Street Address (P.O. Box Number is Not Acceptable)						
						83			***************************************	· · · · · · · · · · · · · · · · · · ·			
3310	ю				1								
						84			FL 85 Zip Cod				
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 Type/1 or protect came of registered agent and other Lapplication. (NOTE: Registered Agent signature required when reinstating) DATE													
12.		OFFICERS AND) DIREC		13.			/	ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	RS IN 12	
TITLE	PD DELETE										Change	☐ Addition	
NAME	GODFREY, E			1,2 N									
STREET ADDRESS		ENTH AVENUE		1.3 \$			ADDRESS						
CITY-ST-ZIP	MIAMI, FL 00)000					T-ZIP						
TITLE	DS	TOTAL CONTRACTOR OF THE PARTY O		DELETE	2.1 TIT					Change	Addition		
NAME	GODFREY, C		2.2 N		ME								
STREET ADDRESS		ENTH AVENUE					2.3 STREET ADDRESS						
CITY-ST-ZIP	MIAMI, FL 00)000					2. 4 CITY-ST-ZIP						
TITLE				☐ DELETE	DELETE 3.1 TITL		1	***************************************			Change	Addition	
NAME					3.2 NAME								
STREET ADDRESS					3.3 STREET ADDRESS								
C/TY-ST-7IP				3.4. C									
TITLE						4.1 TITLE			***************************************		Change	Addition	
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STREET ADDRESS						4.3 STREET ADDRESS							
Crty-St-ZiP						4.4 CITY-ST-ZIP							
TITLE				DELFTE	5.1 TO		1-21				Change	Addition	
						5.2 NAME				•		- Countries	
1						5.3 STREET ADDRESS							
TITLE				DELETE	6.1 TI	(TY-SI	1- ZIP				Change	Addition	
NAME							1				Ullange	L) Auditon	
					6.2 NA		· Bancoo						
STREET ADDRESS							ADDRESS						
CITY-ST-ZIP	w certify that the	information supplied	Luith th	ais tiling does not qual		ITY-\$1		a2 ni bet	action 119 07/3Vil Florida Statut	- I further	a artifu that	i.a	
information Lam an of	14. I do 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.												