

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morhart  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 267621 (1)

1. Corporation Name  
**SUNCOAST PRECISION TOOLS, INC.**



Principal Place of Business: P O BOX 40848 ST PETERSBURG FL 33743  
Mailing Address: P O BOX 40848 ST PETERSBURG FL 33743

3. Date Incorporated or Qualified: 03/01/1963  
3a. Date of Last Report: 04/28/1995

2. Principal Place of Business  
21 7421 114TH AVE NORTH  
Suite, Apt. #, etc.  
22 SUITE #205  
City & State  
23 LARGO, FL XXXXX  
Zip Country  
24 34643 25  
2a. Mailing Address  
26  
Suite, Apt. #, etc.  
27  
City & State  
28  
Zip Country  
29 30

4. FEI Number: 59-2126367 Applied For: Not Applicable  
5. Certificate 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent  
SHEEN, JEANETTE  
8462 35TH AVE N  
ST PETE, FL  
33710

10. Name and Address of New Registered Agent  
81 Name: SHEEN, M. ROY III  
82 Street Address (P.O. Box Number is Not Acceptable): 9 FORBES PLACE, APT #103  
83  
84 City: DUNIDEN FL 85 Zip Code: 34698

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] DATE: 4/19/96

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SHEEN, JEANETTE	
STREET ADDRESS	8462 35TH AVE. N.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	VPST	<input checked="" type="checkbox"/> DELETE
NAME	SHEEN, MILTON R IV	
STREET ADDRESS	3010 4TH AVE NO	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SHEEN, M. ROY III	
STREET ADDRESS	6348 66TH AVE NO	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PRINSE, MARION	
STREET ADDRESS	3111 GULF BLVD	
CITY-ST-ZIP	ST PETERSBURG BCH FL	
TITLE	CEO	<input checked="" type="checkbox"/> DELETE
NAME	SHEEN, MILTON R II	
STREET ADDRESS	8462 35TH AVE NO	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	CEOD SHEEN, MILTON R IV
13 STREET ADDRESS	3010 4TH AVE NORTH
14 CITY-ST-ZIP	ST. PETERSBURG, FL 33713
21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	KUCERA, VINCE R.
23 STREET ADDRESS	312 173RD AVE N.
24 CITY-ST-ZIP	N. REDDINGTON BCH, FL 33708
31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	STD SHEEN, JILL S
33 STREET ADDRESS	3010 4TH AVE NORTH
34 CITY-ST-ZIP	ST. PETERSBURG, FL 33713
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	D SHEEN, M. ROY III
43 STREET ADDRESS	9 FORBES PLACE, APT #103
44 CITY-ST-ZIP	DUNIDEN, FL 34698
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	300001795733
54 CITY-ST-ZIP	-04/26/96--01021--042
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	***200.00
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntary, furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: [Signature] DATE: 4/19/96 813-546-4653

CRE034 (12/95)