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May 16 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 267621 (1)  
1. Corporation Name  
SUNCOAST PRECISION TOOLS, INC.



Principal Place of Business: 7421 114TH AVE N, SUITE 205, LARGO FL 34643  
Mailing Address: P.O. BOX 40848, ST PETERSBURG FL 33743-0848

3. Date Incorporated or Qualified: 03/01/1983  
3a. Date of Last Report: 04/25/1996  
4. FEI Number: 59-2126367  
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

2. Principal Place of Business (21-24)  
2a. Mailing Address (25-28)  
22. Suite, Apt #, etc.  
23. City & State  
24. Zip Country

9. Name and Address of Current Registered Agent  
SHEEN, M. ROY III  
9 FORBES PLACE  
APT 103  
DUNEDIN FL 34698

10. Name and Address of New Registered Agent  
81 Name: Milton Sheen IV  
82 Street Address (P.O. Box Number is Not Acceptable): 9409 Monica Drive  
83  
84 City: Seminole FL 85 Zip Code: 33777

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 of 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, in full faith, faith, and accept the obligation of, Section 607.0505, Florida Statutes.  
SIGNATURE: *Milton Sheen IV* DATE: 4/29/97

12. OFFICERS AND DIRECTORS

TITLE	CPD	<input type="checkbox"/> DELETE
NAME	SHEEN, MILTON R IV	
STREET ADDRESS	3010 4TH AVE N	
CITY-ST-ZIP	ST. PETERSBURG FL 33713	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	SHEEN, JILL	
STREET ADDRESS	3010 4TH AVE N	
CITY-ST-ZIP	ST. PETERSBURG FL 33713	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHEEN, M. ROY III	
STREET ADDRESS	9 FORBES PLACE APT 103	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Sheen, Milton R IV	
1.3 STREET ADDRESS	9409 Monica Drive	
1.4 CITY-ST-ZIP	Seminole, FL 33777	
2.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Vince Kucora	
2.3 STREET ADDRESS	13787 94th Ave N	
2.4 CITY-ST-ZIP	Seminole, FL 33776	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE: *Milton Sheen IV* DATE: 4/29/97 7813-546-4655  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2E034 (9/96)