

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

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90267 009 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 267621**

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

Principal Place of Business 7421 114TH AVENUE NORTH SUITE 205 LARGO FL 33773	Mailing Address <del>P.O. BOX 48848</del> <del>ST. PETERSBURG FL 33714</del>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7421 114th Ave N. Suite, Apt. #, etc. 22 # 205 City & State 23 Largo FL Zip Country 24 33773 25	2a. Mailing Address 26 7421 114th Ave N. Suite, Apt. #, etc. 27 # 205 City & State 28 Largo Florida Zip Country 29 33773 30
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3. Date Incorporated or Qualified  
**03/01/1963**

4. FEI Number  
**59-2126367**

5. Certificate of Status Desired  Applied For  
 Not Applicable **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

**SHEEN, MILTON R IV**  
**9409 MONICA DR**  
**SEMINOLE FL 33777**

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box: Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
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	NAME	1.1 TITLE	1.2 NAME
CPD <input type="checkbox"/> DELETE	SHEEN, MILTON R IV 9409 MONICA DR SEMINOLE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STD <input type="checkbox"/> DELETE	SHEEN, JILL 9409 MONICA DR SEMINOLE FL 33777	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
VP <input type="checkbox"/> DELETE	KUCERA, VINCE 13787 94TH AVE NO SEMINOLE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Milton Sheen IV Date: 4/23/99 Daytime Phone #: 727-546-4655

CR2E034 (1/198)