FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 JAN 30 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 502634 (9)

1. Corporation Name
GLOBAL PRECISION, INC.

Principal Place of Business	Mailing Address
2100 SW 71ST TERR DAVIE FL 33317	2100 SW 71ST TERR DAVIE FL 33317

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/06/1976
3a. Date of Last Report: 03/15/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 59-1675657 ☐ 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

~~GLASSER, GENE~~
~~2021 TYLER STREET~~
~~HOLLYWOOD FL 33022~~

10. Name and Address of New Registered Agent

81 Name: CORPORATION INFORMATION SERVICES, INC.
82 Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET
83
84 City: TALLAHASSEE FL 85 Zip Code: 32301

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

SIGNATURE: CORPORATION INFORMATION SERVICES, INC. Gail Shelby, As agent. 1-30-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: If registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPD	1.1 TITLE	☐ Change ☐ Addition
NAME	LECOQUE, ERVIN	1.2 NAME	
STREET ADDRESS	475 W. TERRACOTTA STE E	1.3 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL LAKE IL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	RUSKOSKI, ERIC	2.2 NAME	
STREET ADDRESS	711 FOX STREET	2.3 STREET ADDRESS	800001394988
CITY-ST-ZIP	MUKWONAGO WI	2.4 CITY-ST-ZIP	-02/01/95--01041--010
TITLE	TD	3.1 TITLE	****208.75 ☒ Change ☐ Addition
NAME	HAGGE, STEPHEN	3.2 NAME	
STREET ADDRESS	475 W. TERRACOTTA, SUITE E	3.3 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL LAKE IL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	☐ Change ☐ Addition
NAME	HOSCHEIT, JACK	4.2 NAME	
STREET ADDRESS	711 FOX STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	MUKWONAGO WI	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	655 ☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	1/20/95
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: John E. Hoskins 1/20/95 (414) 369-7191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0327256 CP

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Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 FEB -2 AM 11:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **514461** **(3)**

1. Corporation Name
J & D FINANCIAL CORPORATION

500001401985
-02/09/95--01073--004
****400.00 ****200.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
12747 BISCAYNE BLVD. N MIAMI FL 33161	12747 BISCAYNE BLVD. N MIAMI FL 33161

3. Date Incorporated or Qualified: **10/27/1976**
3a. Date of Last Report: **03/23/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **59-1719503** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) Country (25) / Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CARMEL, JACK
12747 BISCAYNE BLVD.
MIAMI FL 33160

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	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	CARMEL, JACK	1.2 NAME	
STREET ADDRESS	1965 NE 116TH RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	☐ Change ☐ Addition
NAME	CARMEL, DIANA W	2.2 NAME	
STREET ADDRESS	1965 NE 116TH RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	ASSISTANT SECRETARY	3.1 TITLE	☐ Change ☑ Addition
NAME	HOWARD CARMEL	3.2 NAME	← See officers + dirs
STREET ADDRESS	12747 BISCAYNE BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI, FL. 33161	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

JEB 2/2

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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; and that my name appears in Block 12 or Block 13 with an officer or director title, or on an attachment with an address.

SIGNATURE: 1/27/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

01D0552 CP