ILE NOW: FILING	FEE	<b>AFTER</b>	MAY	1ST 1	S \$550.	.00
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**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(6)

POMPANO PRECISION PRODUCTS, INC.

**FILED** Apr 01 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						1 199101 0/311 (0002 (0141 19010 110	IS 1811 97517 978		0151)				
131 SW 5 ST POMPANO BEACH FL 33060 US			131 SW 5TH STREET POMPANO BEACH FL 33080 US				DO NOT WRIT		PACE				
									<ol> <li>Date Incorporated or Qualified</li> <li>07/11/1978</li> </ol>				
2. Principal P	Tace of Busine	ss	2a. Mail	ing Address					4. FEI Number		777	pplied For	
21			26	3					59-1835273			lot Applicable	
Suite, Apt.	W. etc.			o, Apt. #, etc.						M	\$8.75	Additional	
22			27						5. Certificate of Status Desired	М	Fee F	lequired	
City & Stat	te			& State					6. Election Campaign Financing	•	\$5.00	May Be	
23			28						Trust Fund Contribution		Added	l to Fees	
Zip		Country	Zφ	·	Cou	untry			8. This corporation owes or has p	1			
24		5	29		30				Personal Property Tax due June 30. Yes No				
		nd Address of Cur	rent Registered	Agent		<u> </u>	<del></del>		10. Name and Address of New F	legistered /	gent		
	spirio, geoi					B1	Name						
	31 SW 5 ST					82 Street Address (P.O. Box Number is Not Acceptable)							
F	POMPANO BI	EACH FL 33060				63							
						84	City			FL	<b>85</b>   Zip	Code	
11, Pursuant	to the provision	ns of Sections 607.0	0502 and 607.15	08, Florida State	ites, the a	bove	e-named	corpor	ation submits this statement for the	purpose of	changing	its registered	
office or i	registered age am familiar with	int, or both, in the St n. and accept the of	ate of Florida Soligations of, Sec	uch change was ition 607.0505, F	s authorize Florida Sta	d by tutes	/ the corp s.	poration	n's board of directors. I hereby acc	ept the app	ointment a	s registered	
SIGNATURE													
	Signature, typed o	printed name of registered				d Age	ent signature	required	when rainstating)	DATE	DIDECTO		
12.	1	OFFICERS	AND DIRECTOR		13.	cri r		1	ADDITIONS/CHANGES TO OFF	ICERS AND	Change		
TITLE	PD	OFODOE I		☐ DELETE	1.1 T			1			C Criange	Addition	
NAME		, george J. / 5th street			1.2 N								
STREET ADDRESS		NO BEACH FL					ADDRESS						
CITY-ST-ZIP	STD	NO BEACH FE		DELETE	1.4 U		T-ZIP	<del> </del>			Change	Addition	
TITLE		DEBRA A.		C) beccie	2.1 I								
NAME OTROET ADORESS		/ STH STREET					ADORESS						
STREET ADDRESS		NO BEACH FL					ST-ZIP						
CITY-ST-ZIP TITLE	101111	PIO DENOTTIE		DELETE	3.1 T		31-211	-			Change	Addition	
NAME					3.2 N								
STREET ADDRESS							ADDRESS					}	
CITY-ST-ZIP							ST-ZIP						
TITLE				☐ DELETE	4.1 T						Change	☐ Addition	
NAME					4.2	NAME							
STREET ADDRESS					4.3 9	TREET	ADDRESS						
CITY-ST-ZIP					4.4 0	HY-5	ST-ZIP	<u></u>					
TITLE	<u> </u>			DELETE	5.1 3	5.1 TITLE		T			Change	☐ Addition	
NAME					5.2	IAME							
STREET ADDRESS					5.3 9	TAEET	ADDRESS					ļ	
CITY-ST-ZIP					5.4 (	HY-S	ST-ZIP	1					
TITLE				DELETE	6.1 T	ITLE					☐ Change	☐ Addition	
NAME					6.21	IAME						1	
STREET ADDRESS	1				6.3 9	TREET	ADDRESS						
CITY-ST-ZIP					640	ПΥ- 8	ST - ZIP						

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 informatio indicated on this annual report or supplemental armual 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 chapted or on a attachment with an address.