

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

* CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 7:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 640039 (4)

1. Corporation Name

M. S. K. PRECISION PRODUCTS, INC.

Principal Place of Business

4571 NW 8 AVENUE
FT. LAUDERDALE FL 33309

Mailing Address

4571 NW 8 AVENUE
FT. LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/30/1979

3a. Date of Last Report

04/27/1994

4. FEI Number

59-1929910

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

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

~~JACOBS, BRIAN~~
~~801 COUNLINE DR.~~
~~COCONUT CREEK FL 33092~~
Harry X. Mattel
1635 S. Federal Highway
Eighth Floor
Ft. Lauderdale, FL
33302

10. Name and Address of New Registered Agent

81 Name Stephen Bromfield
82 Street Address (P.O. Box Number is Not Acceptable) 4571 NW 8th Avenue
83
84 City Ft. Lauderdale FL 85 Zip Code 33309

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 607.0508, Florida Statutes.

SIGNATURE Stephen Bromfield

(Signature of Registered Agent required when registering)

4/27/95

12. OFFICERS AND DIRECTORS

TITLE PVT
NAME BROMFIELD, STEPHEN
STREET ADDRESS 2747 NE 35 COURT
CITY, ST, ZIP FT. LAUDERDALE FL

TITLE D
NAME BROMFIELD, STEPHEN
STREET ADDRESS 2747 N.E. 35 COURT
CITY, ST, ZIP FT. LAUDERDALE FL

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

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CITY, ST, ZIP

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NAME
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CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 139.07(1)(b), Florida Statutes. I further certify that the information indicated on the 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: Stephen Bromfield STEPHEN BROMFIELD 4/27/95 (305) 776-0770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR