

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

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



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

**DOCUMENT # 685850 (0)**  
1. Corporation Name  
**CONSOLIDATED PRECISION CORPORATION OF 1980**



Principal Place of Business  
**3541 STATE RD 710  
RIVIERA BCH. FL 33404**

Mailing Address  
**3541 STATE RD 710  
RIVIERA BCH. FL 33404**

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

3. Date Incorporated or Qualified  
**08/28/1980**

3a. Date of Last Report  
**05/25/1995**

4. FEI Number  
**59-2043542**

5. Certificate of Status Desired  
☐ \$8.75 Additional Fee Required  
☐ \$5.00 May Be Added to Fees

6. Election Campaign Financing  
Trust Fund Contribution  
☐

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  
☒ Yes ☐ No

**9. Name and Address of Current Registered Agent**

**ALEXANDER, LARRY B  
505 S FLAGLER DR 11TH FLOOR  
WEST PALM BCH FL 33402**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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

Signature typed or printed name of registered agent, if not typed or printed

(If 11b Registered Agent signature required after registration)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	PDS	<input type="checkbox"/> DELETE
NAME	DEAKTER, MICHAEL ALLEN	
STREET ADDRESS	1207 SENECA ST	
CITY-ST-ZIP	JUPITER FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SPENCER, MARK A.	
STREET ADDRESS	906 FRUITLAND AVE.	
CITY-ST-ZIP	BRADENTON FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LEVANDOWSKI, STANLEY	
STREET ADDRESS	14650 MARRIAN AVE.	
CITY-ST-ZIP	PALM BCH. GARDENS FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HERSH, RAYMOND T	
STREET ADDRESS	1703 VESTAL DR.	
CITY-ST-ZIP	CORAL GABLES FL	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael A. Deakter

5-20-96

407-848-6638

CR2E034 (12/95)