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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G66126

(5)

BREL PRECISION COMPONENTS, INC.

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	e of Business	Mailing	g Address					16 (1816 6111 6	imit mimit min	4191	1 01011 1001
SARASOTA FL	IIVERSITY PARKWAY 34243	SARAS	est university Ota fl 34243-27:		Y						
US		US					3. Date incorporated or 0 10/24/1983	Qualified		e of Last (Report
2. Principal P	lace of Business	2a. Ma	iling Address				4. FEI Number		4	A	pplied For
21		26					59-2352124				lot Applicable
Suile, Apt. 22	#, etc.	27 Sui	te, Apt. #, etc.				5. Certificate of Status De	berize			Additional Regulred
City & State	le		y & State				6. Election Campaign Fin	ancing		\$5.00	May Be
23		28					Trust Fund Contribution	-			to Fees
Zφ	Country	Zip	,	Co	ountry		8. This corporation has lie			ax under	s. 199.032,
24	25	29		30			Florida Statutes			No	
	9. Name and Address of Cu	urrent Registere	d Agent		-		10. Name and Address o	f New Reg	istered A	gent	
	iker, jack				81	Name					
	1 west university parkw Asota FL 34243	/AY			82	Street Add	lress (P.O. Box Number is Not	Acceptable	θ)		
VAIL	NOOTA TE GYEYU				83	1					
					84	City			gra s	85 Zip	Code
							· · · · · · · · · · · · · · · · · · ·		FL		
office or r agent. I a SIGNATURE	to the provisions of Sections 607 registered agent, or both, in the 5 am familiar with, and accept the c	State of Florida Sobligations of, Se	Such change war ction 607.0505,	s authoriz Florida St	ed by atutes	the corpora	tion's board of directors. I here	eby accept	the appo	intment a	s registered
GIGHATORI.	Signature, typed or printed name of registers	ud agent and title if app	licable (N	OTE: Registe	red Age	nt signature requ	ired when reinstaling)		DATE		
12.	OFFICERS	ed agent and title if app S AND DIRECTO	RS	OTE: Registe		nt signature requ	red when reinstaling) ADDITIONS/CHANGES	TO OFFICE	RS AND		*********
	OFFICERS DP			13		nt signature requ		TO OFFICE	RS AND	DIRECTO Change	***************************************
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12.	OFFICERS DP YONKER, JACK 1621 WEST UNIVERSITY P	S AND DIRECTO	RS	13 1.1 1.2	TITLE NAME	nt signature requi		TO OFFICE	RS AND		***************************************
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. Edo hereby certify that the information supplied with this filing does not equally 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 a stackment with an address.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #