

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Jan 20 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # J74498 (3)**  
 1. Corporation Name  
**PRECISION BRACE & SUPPLY CO., INC.**



Principal Place of Business 210 SOUTH FEDERAL HWY. . #400 HOLLYWOOD FL 33020	Mailing Address 210 SOUTH FEDERAL HWY. . #400 HOLLYWOOD FL 33020
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/26/1987</b>	
21 <b>#400 210 S. Federal</b>	26 <b>PO Box 1088</b>	4. FEI Number <b>59-2827675</b>		Applied For <input type="checkbox"/> Not Applicable	
22 <b>Hollywood</b>	27 <b>Hollywood</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 <b>Florida</b>	28 <b>FLA</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 <b>33120</b>	25 <b>Florida</b>	29 <b>33120</b>	30 <b>Florida</b>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JOAN NOLAN 1354 NO. 12TH COURT APT 8B HOLLYWOOD FL 33019				81 Name	<b>JOAN D. NOLAN</b>		
				82 Street Address (P.O. Box Number is Not Acceptable)	<b>1354 N. 12th Ct #8B</b>		
				83 City	<b>Hollywood</b>		
				84 State	<b>FL</b>	85 Zip Code	<b>33019</b>

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] DATE: **1-10-98**

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	<b>DP</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>PRESIDENT</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NOLAN, JOAN</b>	1.2 NAME	<b>JOAN D. NOLAN #8B</b>
STREET ADDRESS	<b>1354 NORTH 12TH COURT #8-B</b>	1.3 STREET ADDRESS	<b>1354 N. 12th Ct #8B</b>
CITY-ST-ZIP	<b>HOLLYWOOD FL 33019</b>	1.4 CITY-ST-ZIP	<b>Hollywood FL 33019</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-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)(f), 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] DATE: **1-10-98**

CR2E034 (10/97)