


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

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Jan 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS							
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								
2. Principal Place of Business 21 #400 210 S. Federal Hwy Suite, Apt. #, etc. 22 Hollywood City & State 23 Florida Zip 24 33120 Country 25 Broward						2a. Mailing Address 26 PO Box 1088 Suite, Apt. #, etc. 27 Hollywood City & State 28 FLA Zip 29 Country 30 Broward					
3. Date Incorporated or Qualified 05/26/1987											
4. FEI Number 59-2827675											
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required											
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees											
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 JOAN NOLAN 1354 NO. 12TH COURT APT 8B HOLLYWOOD FL 33019											
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 FL 33019											
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 and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 1-10-98											
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY - ST - ZIP 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP											

SIGNATURE:

Joan D. Nolan

1-10-98

CH2E034 (10/97)