

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **J87689** (2)

1. Corporation Name

**M & S PRECISION COMPANY**



Principal Place of Business

**2590 NW 4TH COURT  
FORT LAUDERDALE FL 33311**

Mailing Address

**2590 NW 4TH COURT  
FORT LAUDERDALE FL 33311**

3. Date Incorporated or Qualified

**08/11/1987**

3a. Date of Last Report

**04/10/1995**

2. Principal Place of Business

2a. Mailing Address

21 **2590 NW 4th Ct**

26 **2590 NW 4th Ct**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23 **Ft. Lauderdale FL**

28 **Ft. Lauderdale FL**

Zip

Country

Zip

Country

24 **33311**

25 **Power**

29 **33311**

30 **PRO**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AMBRICO, SALVATORE  
2590 NW 4TH COURT  
FORT LAUDERDALE FL 33311**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

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 and date if applicable

(NOT: Registered Agent Signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **STD  
GENTILE, MICHAEL**  
STREET ADDRESS **2590 NW 4TH COURT**  
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE ☐ DELETE

NAME **PD  
AMBRICO, SALVATORE**  
STREET ADDRESS **2590 NW 4TH COURT**  
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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: **X** **Michael Gentile/Dir.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954  
7924420

CR2E034 (12/95)