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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(3)

FILED Mar 05 1998 8:00am Secretary of State

PRECISION INSTRUMENT SERVICES INC.									
Principal Place of Business Mailing Address					-		- 1 1001011 001 10110 18111 10010 FF818 1811 91017 01	af vidi divi di	
* WERNER GREWE * WERNER GREWE									
320 SOUTH AZURE LANE 320 SOUTH AZURE LANE COCOA BEACH FL 32931-3902 COCOA BEACH FL 32931							DO NOT WRITE IN THIS	SPACE	
COCON DENON PE SESSIVANDE COCON DENON PE SESSIV					1902		3. Date Incorporated or Qualified		
							05/22/1989		
2, Principal Place of Business			2a, Mailing Address				4. FEI Number	A	pplied For
21			26 Suite Apt # ste				59-2957652		ot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional leguired
City & Stat	.e		City & State				6, Election Campaign Financing		May Be
23			28				Trust Fund Contribution		to Fees
Zip	Country		Zip Co		untry	,	8. This corporation owes or has paid the co		
24	25		29	30	_		Personal Property Tax due June 30.		No No
		Registered Agent			Name	10. Name and Address of New Registered	Agent		
GREWE, WERNER					81				
320 SOUTH AZURE LANE COCOA BEACH FL 32931					82	Street Addre	ss (P.O. Box Number is Not Acceptable)		
	DOWN BEAUTI FE			83					
					84	City		os Zin	Code
					64	City	FI	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 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 a									its registered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE	Characters brand as seeds	d name of registered agen	and (to if poplarity)	(NOTE: Position	od Ann	int signature required	o when reinstaling) DATE	<u> </u>	
12.	Signature, typed or printe	OFFICERS AND		13.	ou Age	an argulature required	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	RS IN 12
TITLE	D	***	☐ DELET	TE 1.1 T	TLE			☐ Change	☐ Addition
NAME	GREWE, WEI	RNER		1.2 N	IAME				
STREET ADDRESS 320 SOUTH AZURE LANE				1.3 S	1.3 STREET ADDRESS				
CITY-ST-ZIP	COCOA BEA	CH FL			ITY-S	T-ZIP	*		
TITLE			DELET					Change	Addition
NAME				2.2 N					-
STREET ADDRESS						ADDRESS	•		
CITY-ST-ZIP TITLE			DELET		CITY-S	ST-ZIP		☐ Change	Addition
NAME			_ See (3.2 N					
STREET ADDRESS						ADDRESS			
CITY-ST-ZIP					DITY-S				
TITLE			☐ DELET					Change	Addition
NAME	·			4.2 N	NAME				
STREET ADDRESS				4.3 S	TREET	ADDRESS			
CITY - ST - ZIP				4.4 C	ITY-\$1	T- ZIP			
TITLE	_		☐ DELET	FE 5.1 T)	ITLE			☐ Change	☐ Addition
NAME				5.2 N	AME				
STREET ADDRESS				5.3 \$	TAEET	ADDRESS			İ
CITY-ST-ZIP			——————————————————————————————————————		ITY-SI	T - ZIP			100000
TITLE			☐ DELET					Change	Addition
NAME				6.2 N			,		
STREET ADDRESS						ADDRESS			}
City-St-ZiP	ertify that the infor	mation supplied with	n this filing does not au		HY-SI empt		ection 119.07(3)(i). Florida Statutes. I further of	ertify that the	information

Indicated on this annual report or supplied with this timing does not quality for the exemptor state in section 118.00%, Florida Statutes. Indicates indicated on this annual report or supplied with this mind 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 receives of visited 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 attack years with an accuracy of the corporation of the corporation of the corporation of the receives of the corporation of the corpora