

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **L24481** (8)

1. Corporation Name

**HY-TEK PRECISION WOODWORKS, INC.**



Principal Place of Business

**7375 N.W. 35TH ST.  
MIAMI FL 33122**

Mailing Address

**7375 N.W. 35TH ST.  
MIAMI FL 33122**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**GOODWIN, RICHARD L.  
7375 N.W. 35TH ST.  
MIAMI FL 33122**

3. Date Incorporated or Qualified

**10/23/1989**

3a. Date of Last Report

**11/27/1995**

4. FEI Number

**65-0166986**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

**MICHAEL S. GOODWIN**

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

**7375 N.W. 35th Street**

83

84 City

**Miami**

**FL**

85 Zip Code

**33122**

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 607.0503, Florida Statutes.

SIGNATURE

*Michael S. Goodwin*

**Michael S. Goodwin, Pres./Dir. April 10, 1996**

12. OFFICERS AND DIRECTORS

TITLE	<b>PTD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GOODWIN, RICHARD L</b>	
STREET ADDRESS	<b>15917 SOUTHWEST 90 COURT</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> DELETE
NAME	<b>GOODWIN, MICHAEL</b>	
STREET ADDRESS	<b>2653 SW 24TH TERR.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>HICKEY, LEE</b>	
STREET ADDRESS	<b>2653 SW 24TH TERR.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>GOODWIN, Michael</b>
23 STREET ADDRESS	<b>7375 N.W. 35th Street</b>
24 CITY-ST-ZIP	<b>Miami, Florida 33122</b>
31 TITLE	<b>Secretary/Treasurer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<b>Lee C. Hickey</b>
33 STREET ADDRESS	<b>2653 S.W. 24th Terr.</b>
34 CITY-ST-ZIP	<b>Miami, Fla. 33145</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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

*Lee C. Hickey*

**Lee C. Hickey, Sec/Treas 4/15/96**

**477-4303**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)