

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

FILED

Feb 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P20617** (7)

1. Corporation Name
PRECISION SYSTEMS, INC.



Principal Place of Business 11800 30TH CT. NORTH P O BOX 9090 ST. PETERSBURG FL 33716	Mailing Address 11800 30TH CT. NORTH ST. PETERSBURG FL 33716-1846 US
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3. Date Incorporated or Qualified 08/25/1988	3a. Date of Last Report 03/05/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 41-1425909	Applied For Not Applicable
		5. Certificate of Status Desired <input 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent HINDMAN, JOHN R. PRECISION SYSTEMS, INC. 11800 30TH COURT N. ST. PETERSBURG FL 33716	10. Name and Address of New Registered Agent 81 Name Grant, Steven H. 82 Street Address (P.O. Box Number is Not Acceptable) 11800 30th Court N 83 84 City St. Petersburg FL 85 Zip Code 33716
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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 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]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PILLAR, RUSSELL I.	1.2 NAME	HUISMAN, WILLEM
STREET ADDRESS	11800 30TH COURT, N.	1.3 STREET ADDRESS	11800 30TH COURT N
CITY - ST - ZIP	ST. PETERSBURG FL	1.4 CITY - ST - ZIP	ST. PETERSBURG, FL 33710
TITLE	ST <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V.T.S. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HINDMAN, JOHN R.	2.2 NAME	GRANT, STEVEN H
STREET ADDRESS	11800 30TH COURT, N.	2.3 STREET ADDRESS	11800 30TH COURT N
CITY - ST - ZIP	ST. PETERSBURG FL	2.4 CITY - ST - ZIP	ST. PETERSBURG FL 33710
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	CD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLINEBELL, KENNETH M	3.2 NAME	LIEBHABER, RICHARD T
STREET ADDRESS	11800 30TH CT N	3.3 STREET ADDRESS	11800 30TH COURT N
CITY - ST - ZIP	ST. PETERSBURG FL	3.4 CITY - ST - ZIP	ST. PETERSBURG FL 33710
TITLE	V <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FELIX, MICHAEL T.	4.2 NAME	YU, KWANG-I
STREET ADDRESS	11800 30TH CT., N.	4.3 STREET ADDRESS	11800 30TH COURT N
CITY - ST - ZIP	ST. PETERSBURG FL	4.4 CITY - ST - ZIP	ST. PETERSBURG FL 33710
TITLE	CD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOEWENBERG, JOHN D/AETHA	5.2 NAME	ALCALDE, HECTOR
STREET ADDRESS	151 FARMINGTON AVE., RC3B	5.3 STREET ADDRESS	11800 30TH COURT N
CITY - ST - ZIP	HARTFORD CT	5.4 CITY - ST - ZIP	ST. PETERSBURG FL 33710
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ENGLISH, WAYNE G.	6.2 NAME	KOLDE, BERT
STREET ADDRESS	4201 CATHEDRAL AVE., NW, APT. 304E	6.3 STREET ADDRESS	11800 30TH COURT N
CITY - ST - ZIP	WASHINGTON DC	6.4 CITY - ST - ZIP	ST. PETERSBURG, FL 33710

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]* **ASST. Treasurer** 2/14/97 813-572-9300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (9/96)