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

**PROFIT** CORPORATION ANNUAL REPORT

1999

R & R PRECISION, INC.

1. Corporation Name

CITY-ST-ZIP



DOCUMENT # P9200001919

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Mar 30, 1999 8:00 am Secretary of State

03-30-1999 90050 007 \*\*\*150.00

## ) (1884) 1886 (1886) (1886) **(18**86) **(18**86) **(1886) (1886) (1886) (1886)** (1886) (1886) (1886) (1886) (1886) (1886)

_							
Principal Place of Business Mailing Address					t ingerider 162 third resit desit about and a most animal series trainers and series to the series of the series and seri		
5501 MCKINLEY ST. HOLLYWOOD FL 33021		5501 MCKINLEY ST. HOLLYWOOD FL 33021			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					10/29/1992		
2. Principal P	Place of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number Applied For		
21		26	26		65-0370168 Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired 58.75 Additional Fee Required		
City & State		City & State	7		6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees		
Zip	Country 25	Zip 29 3	Cour	ntry	8. This corporation owes the current year Intangible  Personal Property Tax. ☐ Yes ☐ No		
24	9. Name and Address of Curre		<u> </u>		10. Name and Address of New Registered Agent		
SAMUELS, ANDREA R 5501 MCKINLEY ST HOLLYWOOD FL 33021				<ul><li>81 Name</li><li>82 Stree</li><li>83</li></ul>	Address (P.O. Box Number is Not Acceptable)		
				84 City	FL 85 Zip Code		
office or r	to the provisions of Sections 607.05 registered agent or both, in the Statem terrillar with and accept the obligations.	te <del>ef Floris</del> a. Such change was aut	thorized	by the con	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered		
SIGNATURE	Signature, typed or printed aims of registered as	gent and title if applicable. (NOTE: I	Registered	Agent signature	required when reinstating) DATE		
12. OFFICERS AND DIRECTORS 13.					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TIT	LE	☐ Change ☐ Addition		
NAME	ROHARDT, RUDOLF		1.2 NAME				
STREET ADDRESS	5501 MCKINLEY STREET		1.3 STI	REET ADDRESS	3		
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CIT	Y-ST-ZIP			
	f		-		Change Maddition		

ROHARDT, RUDOLF 1.2 NAME NAME STREET ADDRESS 5501 MCKINLEY STREET 1.3 STREET ADDRESS HOLLYWOOD FL 1.4 CITY-ST-ZIP CITY-ST-ZIP [ ] Addition Change ☐ DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP ☐ Change ☐ Addition DELETE TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE Change 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

14. I 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 officer or director of the corporation or the receiver or trustee Block 12 or Block 13 if changed, or on an attachment with an er like empowered

6.4 CITY-ST-ZIP

SIGNATURE: