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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

1996	Secretary of State DIVISION OF CORPORATIONS					
DOCUMENT # P92	2000003691	(2)				
PRECIPUO ENTERPRISES, I	NC.					
Principal Place of Business	water gradies			i sconnoci no irus dini disili disili di Cili	OBINI BONI EDHOL NAM	i dikind ndari kiri (66)
4966 LE CHALET BLVD. SUITE 15 BOYNTON BEACH FL 33438  2. Principal Place of Business 2. Mailing Address						
				3. Date Incorporated or Qualified 3a. Date of Last Report 11/05/1992 04/19/1995		
21 6615 Boynay BEACH	Bun 26 Addre	SS		4, FEI Number 65-0372136		Applied For
Suite, Apt. #, etc.	Suite, Apt. #,	etc.		5. Certificate of Status Desired	\$8.	Not Applicable  75 Additional
City & State	ty & State City & State				F	ee Required
23 BOWEN BEACH	28			Election Campaign Financing     Trust Fund Contribution		5.00 May Be
24 33436 25 Country	Zip	29 30		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No		
9. Name and Address of	Current Registered Agent			10. Name and Address of New Re		
PRECIPUO, LAWRENCE		[6				
4956 LE CHALET BLVD.			2 Street Add	lress (P.O. Bax Number is Not Acceptable	9)	
#15 Boynton Beach FL 33436		8	3			
DOTINION BEACH PL 33438		8	4 City		FL 85	Zip Code
<ol> <li>Pursuant to the provisions of Sections 60 or registered agent, or both, in the State of</li> </ol>	7.0502 and 607.1508, Florida	Statutes, the above	named corpor	ration submits this statement for the purp		ts registered office
familiar with, and accept the obligations of	of, Section 607.0505, Florida Si	atutes.	poration's boa	ird of directors. I hereby accept the appoi	ntment as register	red agent. I am
SIGNATURE Signature, typed or printed name of register		(NOTE: Registered Ag	ent signature require	id when reinstating	DATE	
	RS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		TORS IN 12
	PRECIPUO, LAWRENCE 4956 LE CHALET BLVD., #15			· · · · · · · · · · · · · · · · · · ·	Chang	
STREET ADDRESS 4956 LE CHALET BLVD.			ET ADDRESS			8
CHY-ST-ZIP BOYNTON BEACH FL 3		14 0/14	ST-ZIP			
NAME	DELET		ļ		☐ Chang	e Addition C
STREET ADDRESS		2.2 NAME 2.3 STREE	T ADORESS			
CITY-ST-ZIP		2.4 CITY-				
TITLE	DELET				☐ Chang	e Addition
STREET ADDRESS		3.2 NAME	ET ADDRESS			
CrìY-ST-ZIP		3.4 CITY-				
TITLE NAME	☐ DELETE	4. 1 THLE			☐ Change	e 🔲 Addition
STREET ADDRESS		4.2 NAME				
C'TY-ST-ZIP		4.3 STREE 4.4 CITY-	T ADDRESS			
TUTLE	DELETE		<u> </u>		☐ Change	e Addition
NAME STREET ADDRESS		5 2 NAME				
CITY-ST-ZIP			I ADDRESS			
IIILE	☐ DELETE	5.4 CITY - 6 1 TITLE	ot-ZIP		Change	Addition
NAME		6.2 NAME			onange	, [] Nagalott
STREET ADDRESS	`		ADDRESS			
14. I do hereby certify that the information/sup certify that the information indicated on this	ied with this filing is voluntarily	64 City - 1 furnished and doe		or the exemption stated in Section 140.07	12/0/ Fig. 1 0	16.
certify that the information indicated on this oath; that I am an officer or director of the appears in Block 12 or Block 13 if changes	annual report or supplementa corporation or the eceiver or t	l annual report is tri	ue and accurate to execute this	e and that my signature shall have the sa	נסונגו, Fiorida State חe legal effect as	utes. I turther if made under
appears in Block 12 or Block 13 if changed	d, or on an attach nent with an	address.		The second of th	.a statutes; and th	nacroy name
SIGNATURE: Kaw	remetiza			3/19/96	407-736	-1707
SIGNATURE AND TYP	ED OR PRINTED NAME OF SIGNING O	FFICER OR DIRECTOR		Dete	Daytime Phone	e #