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PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Jan 16 1997 8:00am

Secretary of State

0103750

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9300005857 (6)

ATLANTIC PRECISION & MANUFACTURING, INC.

292 N. WICKHAM ROAD 282 N. WICKHAM RD MELBOURNE FL 32935 MELBOURNE FL 32935-9650 3. Date Incorporated or Qualified 3a. Date of Last Report 01/21/1993 01/24/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3124185 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apl. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Country $Z_{\rm ID}$ Country 8. This corporation has liability for intangible tax under s. 199.032, Zip Yes Florida Statutes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CAPPS, STEWART B 777 N HWY A1A Street Address (P.O. Box Number is Not Acceptable) **STE 204** 83 INDIALANTIC FL 32903 84 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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. Fam familiar with land accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOFE: Registered Agent signature required when reinstating) Signature, typed or partied name of registing agent and the if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DP Change Addition □ D€LETE TITLE 1.1 TITLE GUNIA. GLADYS 1.2 NAME NAME 837 VANCE CIRCLE, NE 1.3 STREET ADDRESS STREET ADDRESS PALM BAY FL CITY-\$1-7IP 1.4 CITY - ST - ZIP Channe Addition DELETE 2.1 TITLE TITLE **GUNIA. MIKE** NAME 2.2 NAME 837 VANCE CIRCLE NE STREET ADDRESS 2.3 STREET ADDRESS PALM BAY FL 2 4 CITY-ST-ZIP C-TY - ST - ZIF DELETE Change Addition TITLE 3.1 TITLE PRINCE, VERNON G NAM5 32 NAME 535 WISTAR CT STREET ADDRESS **3.3 STREET ADDRESS** PALM BAY FL CITY-ST-ZIP 34. CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE HERNANDEZ, SILVANA 4 2 NAME NAME **615 SAND PIPER CIRCLE 3313** 4.3 STREET ADDRESS STREET ADDRESS PALM BAY FL 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition __ DÉLETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

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), Fiorida Statutes. I further certify that the information indicated on this amoust 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.