## 4.25.978-5483 NC FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997

Principal Place of Business

720 S DEERFIELD AVE



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Mailing Address 720 S DEERFIELD AVE

## DOCUMENT # P93000014658 (7)

## FLORIDA PRECISION AEROSPACE, INC.

| DEERFIELD BO   | CH FL 33441  |                                 | DEERFIELD BCH FL 33441-5385 |   |                       |   |                                     |                 |
|--|--|---------------------------------|-----------------------------|---|-----------------------|---|-------------------------------------|-----------------|
| us   |  | US                              | U\$                         |   |                       | 3. Date Incorporated or Qualified                         | 3a. Date of Last R                  | eport           |
|  |  |                                 |                             |   |                       | 02/26/1993  | 02/19/1996                          |                 |
| <b></b>  | lace of Business                                   | 2a, Mailing Address             | 2a, Mailing Address         |   |                       | 4. FEI Number   | A                                   | plied For       |
| 21   |  | 26                              |                             |   |                       | 65-0398210 Not Applicable                                 |                                     |                 |
| Suite, Apt   | #, etc   | Suite, Apt. #, etc.             |                             |   |                       | 6. Certificate of Status Desired                          |                                     | Additional      |
| 22   |  | 27                              |                             |   |                       |   |                                     | equired         |
| City & State   | 0  | City & State                    | <del></del>                 |   |                       | 6. Election Campaign Financing                            |                                     | May Be          |
| 23   | Country  | 28 Zip                          | 7 - 6                       | untry   | <del></del>           | Trust Fund Contribution                                   |                                     | to Fees         |
| Zip  | <u> </u>   |                                 | 30                          | עזורוע  |                       | 8. This corporation has liability for in Florida Statutes | ntangible tax under s<br>] Yes □ No | 199.032,        |
| 24   | 9. Name and Address of Curren                      | 29 29 Agent                     | [30]                        | 1   |                       | 10 Name and Address of New Reg                            |                                     |                 |
|  |  |                                 |                             | 81  |                       |   |                                     |                 |
| DIBELLA, ALBERTO   |  |                                 |                             | ·   |                       |   |                                     |                 |
| 3500 BAYVIEW DRIVE   |  |                                 |                             | 82 Street Address (P.O. Box Number is Not Acceptable) |                       |   |                                     |                 |
| FT. LAUDERDALE FL 33308  |  |                                 |                             | 83  |                       |   |                                     |                 |
|  |  |                                 |                             | Ш   | <u></u>               |   |                                     |                 |
| 1  |  |                                 |                             | 84  | City                  |   | FI 85 Zip                           | Code            |
| 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  |  |                                 |                             |   |                       |   |                                     |                 |
| 1 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 607.0505, Florida Statutes.  |  |                                 |                             |   |                       |   |                                     |                 |
| SIGNATURE  | Signature typica or printed hame of registered age | at and title if applicable (NO) | TF: Registere               | nd Ager   | nt signature required | t when reinstation)                                       | DATE                                |                 |
| 12.  | OFFICERS AN  |                                 | 13.                         |   |                       | ADDITIONS/CHANGES TO OFFICE                               |                                     | RS IN 12        |
| TITLE  | DST  | ☐ DELETE                        | 111                         | ITLE  | 1                     |   |                                     | Addition        |
| NAMÍ   | BARONE, THOMAS J                                   |                                 | 1.2 N                       | IAME  | Ì                     |   |                                     |                 |
| STREET ADDRESS   | #2 17TH AVENUE SOUTH                               |                                 | 1.3 \$                      | TREET   | ADDRESS               |   |                                     |                 |
| CHY-ST-ZIP   | LAKE WORTH FL                                      |                                 | 1.4 C                       | 1TY - S1  | T-ZIP                 | + a   |                                     | Ì               |
| TITLE  | DP   | DELETE                          | 2.1 T                       |   |                       |   | ☐ Change                            | Addition        |
| NAME   | DIBELLA, ALBERTO                                   |                                 | 2.2 N                       | AME   |                       |   |                                     |                 |
| STREET ADDRESS   | 3500 BAYVIEW DR                                    |                                 | 2.3 \$                      | TREET   | ADDRESS               |   |                                     |                 |
| DITY - ST- ZIP   | FT LAUDERDALE FL                                   |                                 | 2. 4 CITY-ST-ZIP            |   | IT-ZIP                |   |                                     |                 |
| TITLE  |  | DELETE                          | 3.1 Tr                      | ITLE  |                       |   | ☐ Change                            | Additio         |
| NAME   |  |                                 | 3.2 N                       | IAME  |                       |   |                                     |                 |
| STREET ADDRESS   |  |                                 | 3.3 S                       | TREET   | ADDRESS               |   |                                     | Ŷ               |
| CITY - S1 - ZIP  |  | ·····                           | 3.4.0                       | CITY-S  | T-ZIP                 |   |                                     |                 |
| TITLE  |  | ☐ DELETE                        | 4 1 TI                      | ITLE  | -                     |   | Change                              | ☐ Addi' ?       |
| NAME   |  |                                 | 4.2 N                       | NAME  | -                     |   |                                     |                 |
| STREET ADDRESS   |  |                                 | 4.3 S                       | TREET   | ADDRESS               |   |                                     | 14              |
| CITY-ST-2IP  |  | <u> </u>                        |                             | ITY-SI  | r- ZIP                | ····  |                                     | 2's<br>2's      |
| TITLE  |  | DELETE                          | 5.1 Ti                      |   | 1                     |   | L Change                            | ☐ Add           |
| NAME   |  |                                 | 5.2 N.                      | IAME  |                       |   |                                     | ار این<br>این د |
| STREET ADDRESS   |  |                                 | 5.3 S                       | TREET   | ADDRESS               |   |                                     |                 |
| City - St - ZIP  |  |                                 |                             | ITY-SI  | 1 - ZIP               |   |                                     |                 |
| TITLE  |  | DELETE                          | 6.1 Ti                      |   |                       |   | Change                              | Addition        |
| NAME   |  |                                 | 6.2 N                       | IAME  |                       |   |                                     |                 |
| STREET ADDRESS   |  |                                 | 6.3 \$                      | TREET   | ADDRESS               |   |                                     |                 |
| CITY-ST-ZIP  |  |                                 | 64C                         | IIY-SI  | T- ZIP                |   |                                     |                 |

SIGNATURE:

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.

**FILED** 

Apr 25 1997 8:00am

Secretary of State