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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

OCUMENT # P9300014658 (7)

FLORIDA PRECISION AEROSPACE, INC.

720 S DEERFE	IELD AVE		720 S DEERFIELD AVE										
#4 DECOMEND DOMES 20441				#4 DEERFIELD BCH FL 33441					DO NOT WRITE IN THIS SPACE				
DEERFIELD BCH FL 33441 US				US				3	3. Date Incorporated or Qualified				
**								"	02/26/1993				
2. Principal Place of Business				2a. Mailing Address				4.	FEI Number			-	Applied For
21				26				"	65-039821	n		\vdash	Not Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.					יו 20שטרטס	J		\$8.7	5 Additional
22				27				5.	Certificate of Sta	tus Desired			Required
City & State				City & State					Election Campai	on Financino			00 May Be
23				28			0,	Trust Fund Contr				ed to Fees	
Zip	Country			Zip Country				This corporation				 	
24	1	25 29 30						"	Personal Propert	•		Yes	□ No
 1			stered Agent				10.	Name and Addr	<u></u>		Agent		
						B1	Name						
DIBELLA, ALBERTO				90 00 00									
3500 BAYVIEW DRIVE				82 Street Add			Address (F	P.O. Box Number	is Not Accepta	abie)			
FT. LAUDERDALE FL 33308							-						
[
					1	84	City				FL	85 Z	ip Code
44 Dureuent t	to the provision	ne of Sections 607 (1502 and 6	07 1509 Florida Statut	os tha at	2011	-named	Lornoratio	n cubmite this eta	toment for the			n ite ranistarad
office or re	e giste red age	nt, or both, in the St	ate of Flori	07.1508, Florida Statut da. Such change was a f, Section 607.0505, Flo	authorized	yd b	the corp	poration's t	poard of directors	I hereby acce	ept the ap	pointment	as registered
agent. I ar	m familiar with	i, and accept the ob	iligations o	t, Section 607.05 0 5, Fid	orida Stati	utes	S .						
SIGNATURE	~			ALC:	E B						DATE		
Signature, typed or printed name of registered agent and title if applicable (NOTE: R 12. OFFICERS AND DIRECTORS						egistered Agent signature require			ADDITIONS/CHAI	ICES TO DEE		ID DIRECT	ODS IN 12
TIGLE	DST	OI TIOLITIS	NIND DINE	DELETE	1.1 7)7	1 F	1		ADDITIO(10/OFIA)	100011	OLINO AIN	Chang	
NAME	-	THOMAS			1.2 NA							C.J Villary	,
I		THOMAS J				-							
STREET ADDRESS		AVENUE SOUTH					ADDRESS						
CITY-ST-ZIP	LAKE WO	KIH FL		DELETE	1.4 0(1		I - ZIP					Chano	ne Addition
TITLE	DP			O DECENT	2.1 TH							C Annual	ge
NAME		ALBERTO			2.2 NA								
STREET ADDRESS		VIEW DR					ADDRESS						
CITY-ST-ZIP	FT LAUD	erdale fl	···-	T SECTE	2. 4 CI		T-ZIP	ļ		·			
TITLE							3.1 TITLE					Chang	ge 🔲 Addition
NAME					3.2 NA								
STREET ADDRESS					3.3 \$11	REET.	ADDRESS						
CiTY-ST-ZIP		·	<u></u>		3.4. CI		17 - ZIP	ļ					
TITLE				☐ DELETE	4.1 TIT		ľ					∐ Chang	ge Addition
NAME					4. 2 NA	AME							
STREET ADDRESS					4.3 STI	REET.	ADDRESS						
CITY-ST-ZIP					4.4 CI	Y-Si	T-71P						
TITLE				☐ DELETE	5.1 TIT	LE						☐ Chang	ge Addition
NAME					52 NA	ME	ļ						
STREET ADDRESS					5.3 STI	REET	ADDRESS	1					
CITY-ST-ZIP					5.4 CIT	Y- S1	I - ZiP						
TITLE				☐ DELETE	6 1 TIT	LE						Chang	je Addition
NAME					62 NA	ME	i						
STREET ADDRESS					63 ST	REET	ADDRESS						
CITY-ST-ZIP					6.4 CIT		i						

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 Block 12 or Block 13 if changed, or on an attachment with an address.

Ofhorto Di Lowoon

2-28-98

FILED

Apr 06 1998 8:00am

Secretary of State