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Mar 12 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000070756 (0)

1. Corporation Name

PRECISION PRESS, INC.

Principal Place of Business

Mailing Address

5553 W WATERS AVE  
SUITE 308  
TAMPA FL 33634

5553 W WATERS AVE  
SUITE 308  
TAMPA FL 33634-1210



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 4913 W Laurel St		26 4913 W Laurel St		10/05/1993		04/23/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-3206841		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23 Tampa, FL.		28 Tampa, FL		<input type="checkbox"/>		5.00 May Be Added to Fees	
Zip		Zip		Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
24 33607		29 33607		30 USA		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Country		Country		Country			
25 USA		30 USA					

9. Name and Address of Current Registered Agent

LETANG, DARREN A  
5553 W WATERS AVE  
SUITE 308  
TAMPA FL 33634

10. Name and Address of New Registered Agent

81 Name	Letang, Darren A
82 Street Address (P.O. Box Number is Not Acceptable)	4913 W Laurel St
83	
84 City	Tampa,
85 Zip Code	FL 33607

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 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 typed or printed name of registered agent and fee, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	LETANG, DARREN A	1.2 NAME	
STREET ADDRESS	3701 CARROLLWOOD PLACE CIRCLE, APT.308	1.3 STREET ADDRESS	
CITY- ST- ZIP	TAMPA FL	1.4 CITY- ST- ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY- ST- ZIP		2.4 CITY- ST- ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/97 813-286-7574

CR2E034 (9/96)