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

Mailing Address

6503 N. MILITARY 103

BOCA RATON FL 33496-2643

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

6503 N. MILITARY 103

BOCA RATON FL 33496



FLORIDA DEPARTMENT OF STATE

FILED

Feb 11 1997 8:00am

Secretary of State

56/24/1137

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000079400 (6)

PRECISE MICRO INCORPORATED

								 Date Incorporated or Qualified 11/12/1993 		te of Last 19/1996	Report	
2. Principal Pl	ace of Busin	ess	2a. Mailing	2a. Mailing Address				4. FEI Number	1 04/		opplied For	
21			26	<u>├</u> ¬				65-0454116			lot Applicable	
Surle, Apt. #, etc.				Suite, Apt. #, etc.							Additional	
22			27	27				5. Certificate of Status Desired Fee Required				
City & State	e		City & S	City & State				6. Election Campaign Financing		\$5.00) May Be	
23			28	28				Trust Fund Contribution		•	to Fees	
Zip	[Country	Zιρ		Country	У	- 	8. This corporation has liability for in	ntangible	****		
24		25	29 30				Florida Statutes Yes Wo					
	9, Name	and Address of Cur	rent Registered Ag	jent				10. Name and Address of New Rec	lstered /	Agent		
HOGG, EUGENE R 6503 N. MILITARY TRAIL #103						1.	Name Street Addre	e 1 Address (P.O. Box Number is Not Acceptable)				
BOCA RATON FL 33496						3						
					84	1	City		FL	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 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 Stg: alone Typind or prorted name of registered agent and title II applicable. (NOTE: Registered a							Il signature required	d when reinstating)	DATE			
12.		OFFICERS	AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO	ORS IN 12	
TITLE	PTSD			DELETE	1.1 TITLE		ŀ			Change	Addition	
NAME	•	ugene r.			1.2 NAME			**				
STREET ADDRESS		MILITARY, APT. 10	3		1.3 STREE	ΤA	ADDRESS				ŀ	
CITY-ST-ZIP	BOCA RA	TON FL			1.4 CITY-	ST-	-ZIP					
TITLE	C			DELETE	2.1 TITLE					Change	Addition	
NAME	HOGG, E	ugene r.			2.2 NAME						ľ	
STREET ADDRESS	6503 N. I	vilitary, apt. 10	3			REET ADDRESS						
CITY-ST-7IP	BOCA RA	TON FL			2.4 CITY-	-ST	Γ- ZIP	•				
TITLE				DELETE	3.1 TITLE					Change	☐ Addition	
NAME					3.2 NAME							
STREET ADDRESS					3.3 STREET	TΑ	ADORESS					
CITY-SI-ZiP					3.4. CITY -	-ST	[- 7 P					
TITLE	***************************************			DELETE	4.1 TITLE			······································		Change	Addition	
NAME					4. 2 NAME	:						
STREET ADDRESS					4.3 STREE		ADDRESS					
CITY -S1 - 7/P					4.4 CITY -		* *					
TILE				DELETE	5.1 TITLE					Change	☐ Addition	
NAME					5.2 NAME					***********		
STALET ADDRESS					5.3 STREE		ADDDECC					
CITY-S1-2IP												
TITLE	FT . B. A. J			DELETE	5.4 CITY - 1 6.1 TITLE	31-	- zır			Change	☐ Addition	
NAME			•	name and a second second	6.2 NAME					em nige	LL AUGILION	
STREET ADDRESS							15ppres					
					6.3 STREET							
14. Ldo bereb	ov certify that	the information surv	nlied with this filing o	loes not qualify	6.4 CITY - 1			n Section 119 07(3)(i) Florida Statutas	I further	codife the	t the	
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.												