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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000027069

1. Corporation Name

PRECISION ENGINEERING AND SURVEYING INC.

Principal Place of Business

Mailing Address

## **FILED** Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90103 027 \*\*\*158.75



| 12360 S.W. 1321<br>SUITE 212          | ND COURT   | SUITE 212                         |               |   |  |   |                                   |  |
|---------------------------------------|--|-----------------------------------|---------------|---|--|---|-----------------------------------|--|
| MIAMI FL 33186 MIAMI FL 33186         |  |                                   |               | DO NOT WRITE IN THIS SPACE                            |  |   |                                   |  |
|                                       |  |                                   |               |   | 3. Date Incorporated or Qualifed 04/06/1994                                      |   |                                   |  |
| 2 Principal Pl                        | ace of Business  | 2a. Mailing Address               |               |   | 4 FEI Number   |   | Applied For                       |  |
|                                       | O SW 132 ND COVE   | 26 12350 SV                       | ندا ل         | 2 NO CT.  | 65-0481371   |   | Not Applicable                    |  |
| Suite, Apt.                           | #, etc.  | Suite, Apt. #, etc.               | .12           |   | 5. Certifcate of Status Desired  |   | 75 Additional<br>e Required       |  |
| City & State                          | State City & State   |                                   |               | RIDA  | Election Campaign Financing Trust Fund Contribution                              |   | 00 May Be<br>ded to Fees          |  |
| Zip<br>24 331                         | 86 25 USA  | Zip 33,186 30                     | Country       | s <del>A</del> ·                                      | This corporation owes the curre Personal Property Tax.                           | ent year Intangible<br>☐ Yes              | ⊠No                               |  |
| 24 J                                  | g. Name and Address of Current I   |                                   | 1             | <u> </u>  | 10. Name and Address of New R  | egistered Agent                           |                                   |  |
|                                       | 5. Hamo and rearross of Carterion  | 109/010104 / 1901/-               | 81            | Name  |  |   |                                   |  |
| EGBEBIKE, MICHAEL O                   |  |                                   |               |   |  |   |                                   |  |
| 11950 S.W. 132 AVE.                   |  |                                   |               | 82 Street Address (P.O. Box Number is Not Acceptable) |  |   |                                   |  |
| MIAMI FL 33186                        |  |                                   |               |   |  |   |                                   |  |
|                                       |  |                                   | 83            | 1   |  |   |                                   |  |
|                                       |  |                                   | 84            | 1   |  | FL' ;- :                                  | Zip Code                          |  |
| office or re                          | to the provisions of Sections 607.0502 a<br>egistered agent, or both, in the State of<br>m familiar with, and accept the obligatio | Florida. Such change was auth     | iorizea av    | the corporation                                       | pration submits this statement for the pin's board of directors. I hereby accept | purpose of changin<br>t the appointment a | g its registered<br>is registered |  |
| SIGNATURE                             | Signature, typed or printed name of registered agent a   | and title of applicable (NOTE: Re | enistered Ane | nt signature required                                 | when reinstating)  | DATE                                      | \                                 |  |
| · · · · · · · · · · · · · · · · · · · | OFFICERS AND   |                                   | 13.           | g.ibiaia roquiia                                      | ADDITIONS/CHANGES TO OFF   | ICERS AND DIRE                            | CTORS IN 12                       |  |
| TITLE                                 | P  | DELETE                            | 1.1 TITLE     |   | Appliforto/of it at one 10 of 1  | ☐ Cha                                     |                                   |  |
|                                       | EGBEBIKE, MICHAEL  |                                   | 1.2 NAME      |   |  |   |                                   |  |
| NAME                                  | 11950 S.W. 132 AVE.  |                                   |               | T 4000000   |  |   | ļ                                 |  |
| STREET ADDRESS                        |  |                                   |               | TADORESS  |  |   | ļ                                 |  |
| CITY-ST-ZIP                           | MIAMI FL 33186   | ☐ DELETE                          | 1.4 CITY-S    | T-ZIP   |  |   | inge Addition                     |  |
| TITLE                                 |  | ☐ AETELE                          | 2.1 TITLE     | ļ   |  |   | ildo Direction                    |  |
| NAME                                  |  |                                   | 2.2 NAME      | į   |  |   |                                   |  |
| STREET ADDRESS                        |  |                                   | 2.3 STREE     | T ADDRESS   |  |   | 1                                 |  |
| CITY-ST-ZIP                           |  |                                   | 2.4 CITY-5    | ST-ZIP  |  | ·   |                                   |  |
| TITLE                                 |  | ☐ OELETE                          | 3.1 TITLE     | }   | سر میواد سے ہے۔  | j [Cha                                    | inge                              |  |
| NAME                                  |  |                                   | 3.2 NAME      |   |  |   |                                   |  |
| STREET ADDRESS                        |  |                                   | 3.3 STREE     | TADDRESS  |  |   | j                                 |  |
| CITY-ST-ZIP                           |  |                                   | 3.4. CITY-5   | ST-ZIP  |  |   |                                   |  |
| TITLE                                 |  | ☐ DELETE                          | 4.1 TITLE     |   |  | ☐ Cha                                     | inge 🗀 Addition                   |  |
| NAME                                  |  | i                                 | 4.2 NAME      |   |  |   |                                   |  |
| STREET ADDRESS                        |  |                                   | 4.3 STREE     | TADDRESS  |  |   |                                   |  |
| CITY-ST-ZIP                           |  |                                   | 4.4 CITY-S    |   |  |   |                                   |  |
| TITLE                                 |  | ☐ DELETE                          | 5.1 TITLE     |   |  | ☐ Cha                                     | inge Addition                     |  |
| NAME                                  |  | _                                 | 52 NAME       |   |  |   | *                                 |  |
|                                       |  |                                   | E .           | TADDRESS  | •  |   |                                   |  |
| STREET ADDRESS                        |  |                                   | 5.4 CITY-S    | - 1   |  |   | l                                 |  |
| CITY-ST-ZIP                           |  | DELETE                            | 6.1 TITLE     | ,ı · ΔI   |  | ☐ Cha                                     | inge ( Addition                   |  |
| TITLE                                 |  | € DEFE16                          | 6.2 NAME      |   |  |   |                                   |  |
| NAME                                  |  |                                   | 1             |   |  |   | j                                 |  |
| STREET ADDRESS                        |  |                                   |               | TADDRESS  |  |   |                                   |  |
| CITY-91-710                           |  |                                   | 6.4 CITY-S    | T-ZIP   |  |   |                                   |  |

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 ot an affectment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR BIRECTOR