

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sarah B. Morhart
Secretary of State
DIVISION OF CORPORATIONS

95 MAY - 1 PM 2: 15
SECRETARY OF STATE
TALLAHASSEE
FLORIDA

95 MAY - 1 PM 2: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000079589 (5)**

1. Corporation Name

PRECISION BUILDING SERVICES, INC.

Principal Place of Business

Mailing Address

17250 N.E. 11TH AVENUE
NORTH MIAMI BEACH FL 33162

17250 N.E. 11TH AVENUE
NORTH MIAMI BEACH FL 33162

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/28/1994

3a. Date of Last Report

2. Principal Place of Business

21 **TWO EAST CAMINO REAL**
Suite, Apt. #, etc.

2a. Mailing Address

26 **TWO EAST CAMINO REAL**
Suite, Apt. #, etc.

4. FEI Number

65-05 32 080

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under 5. 199.032, Florida Statutes

Yes No

22 **211**
City & State

27 **211**
City & State

23 **BOCA RATON, FL.**
Zip Country

28 **BOCA RATON, FL.**
Zip Country

24 **33432** 25 **USA**

29 **33432** 30 **USA**

9. Name and Address of Current Registered Agent

PLACHTER, CAREN
17250 N.E. 11TH AVENUE
NORTH MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

81 Name **PLACHTER, CAREN**
82 Street Address (P.O. Box Number is Not Acceptable) **TWO EAST CAMINO REAL**
83 **# 211**
84 City **BOCA RATON FL** 85 Zip Code **33432**

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 title if applicable

(NOTE: Registered Agent's signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	PLACHTER, CAREN
STREET ADDRESS	17250 N.E. 11TH AVENUE
CITY - ST - ZIP	NORTH MIAMI BEACH FL 33162
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	D
1.3 STREET ADDRESS	PLACHTER, CAREN
1.4 CITY - ST - ZIP	TWO EAST CAMINO REAL #1211
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), 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.

SIGNATURE: Caren Plachter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ (Signature Please)