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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DOCUMEN 1. Corporation Name PRECISION	T# <b>P95</b> 0 COLORS INC.	0000	15961 (2	2)						
Principal Place of Busine	Ма	Mailing Address 1235 BOLIN AVE NE PALM BAY FL 32907			•••	i vestivent und verlat erlikt dekin debitt denin eenen viren erliks noone eurdt kien vest				
1235 BOLIN AVE NE PALM BAY FL 32907						Date Incorporated or Qualified     3a. Date of Last Report     02/24/1995				
2. Principal Place of Business		2a.	2a. Mairing Address 26			4. FEI Number (02 - 154 9375		Applied For Not Applicable		
Suite, Apt. #, etc.		27	Suite, Apt. #, etc.			5. Certificate of Status Desired		<b>\$8.75</b> Additional Fee Required		
City & State		28	City & State			Election Campaign Financing     Trust Fund Contribution		<b>\$5.00</b> May Be Added to Fees		
Z <sub>I</sub> p <b>24</b>	Country 25	29	Zip Country  [29] 30				s □No			
g, Na	me and Address of C	urrent Regis	tered Agent		B1	Name	10. Name and Address of New	Registere	d Agent	
GAMERL, NANCY 1235 BOUN AVE NE					62	Street Addre	Street Address (P.O. Box Number is Not Acceptable)			
PALM BAY FL 32907					83					
					84	,		F		
fir registered agent	ovisions of Sections 607 , or both, in the State of coept the obligations of,	Florida Such	i chande was authoriz	earby me c	ve-r corp	named corpora oration's board	ation submits this statement for the pi d of directors. Thereby accept the ap	irpose of pointment	changing its registered offic as registered agent. I am	
SIGNATURE	pegior protectical relative of registers	tagertarylthurfa	d, product (for	Ht. Fedjeld of	Ag:	it signature required	lwee noslabeji	DATE		
12. OFFICERS AND DIRECTORS							ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE Pre	sident	۰٫۰(	☐ DELETE	1.1 T		S	ecretary	1	Change Addition	

Change 1235 BOIN ON NE Falm Bay, FC 37907 NAME Palm Bay PC 32907 STREET ADDRESS 1.3 STREET ADDRESS 1.4 CHY - ST- ZIP City - ST - ZIF ☐ Addition DELETE 2.1 T/D F TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADORESS 2.4 City - ST - ZIP CITY-ST-2IP Change ☐ Add-tion DELETE TITLE 3 1 Title NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4.CITY - \$1 - ZIP CITY-ST-ZIP Change Addition DELF TE 4 1 Till E TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CHTY - ST - ZIP CITY-ST-ZIP Add tion DELETE Change 5 1 TITLE TITLE 5.2 NAME NAME

6.4 CITY - ST - ZIP 14. Too hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k), 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

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CHY-ST-ZIP

6 1 TITLE

6.2 NAME

SIGNATURE: Namey N. Lamed Nancy N. Garner

DELETE

\*\*\*200.00

4000018641**9** 

-06/17/96--01067--006

4/30/96 407-7686502

Addition

CR2E034 (12/95)