CR2E034 (5/98)

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). FLORIDA DEPARTMENT OF STATE **PROFIT** CORPORATION Sandra B. Mortham FILED ANNUAL **R**EPORT Secretary of State DIVISION OF CORPORATIONS 98 JUL 28 AM 8: 1.3 DOCUMENT #

1. Corporation Name P95000022431 (7) SECRETARY OF STATE PRECISION FORM, INC. Mailing Address Principal Place of Business 1733 ZAMINDER ST. NW 1733 ZAMINDER ST. NW PALM BAY FL 32907 PALM BAY FL 32907 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/20/1995 Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 59-3318132 21 26 \$8.75 Additional Suite, Apt. #, etc. Sulte, Apt. #, etc, 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 8. This corporation owes or has paid the currency yes Country Country Zip n year I<u>nta</u>ngible Zip 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MILLS, SHEILA A 1733 ZAMINDER ST. NW PALM BAY FL 32907 Street Address (P.O. Box Number is Not Acceptable) 82 83 Zlp Code 84 City 85 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. 1.1 TITLE Change Addition TITLE __ DELETE MILLS, HOWARD C 1.2 NAME NAME **600002604B**66----07/31/98--**0**1114--005 17\$ ZAMINDER ST. NW 1.3 STREET ADDRESS STREET ADDRESS PAUM BAY FL 32907 1.4 CITY-ST-ZIP ****150.00 ****150.00 Change Addition CITY-ST-ZIP DELETE 2.1 TITLE TITLE 2.2 NAME MHLS, SHEILA A NAME 17\$ ZAMINDER ST. NW 2.3 STREET ADDRESS STREET ADDRESS PAUM BAY FL 32907 2.4 CITY-ST-ZIP CITY-ST-ZIP 3.1 TITLE Change Addition TITLE __ DELETE 32 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP 4.1 TITLE ___ Addition TITLE DELETE 4.2 NAME NAME 4.3 STREET ADORESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 5.1 TITLE 5.2 NAME NAME B 9(An tipe p 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE TITLE DELETE 6.2 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supptied 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 entropy of the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or any attachment with an address.

7-15-98-407952-4415

To whom it may Concernacets Payable -Wedney in Thes-7/14/98 - I am sending this check for \$150,000 Out in agr. 198- (Ck stub # 1867-)
which somehow sever made it
to your office. (If you find mother
Somehow did, please just word
this one out.) be sure it gets to up a guickly. Thank you for your Sheeta A Trills 1733 ZAMINDER ST NW PALM BAY, FL 32907