May 06, 1999 8:00 am Secretary of State

05-06-1999 90114 013 ***150.00

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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000033673

1. Corporation Name

Principal Place of Business

NOVA PRECISION COMPONENTS, INC.

7880 - 114TH AVE. LARGO FL 34643		7880 - 114TH AVE. LARGO FL 34643			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 05/01/1995				
2 Principal P	lace of Business	2a. Mailing Address				4. FEI Number		17	Applied For
21	account of Buomess	26				59-3312911			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			*****	5. Certificate of Status Desired		\$8.75	5 Additional Required
City & State	е	City & State				Election Campaign Financing Trust Fund Contribution			May Be ed to Fees
Zip 337	7.3 Country	^{Zip} 33 77 3	Cou	ntry		This corporation owes the curre Personal Property Tax.	ent year Inta	ingible X Yes	□No
	9. Name and Address of Curren	t Registered Agent	1			10. Name and Address of New F	legistered A	lgent	
FREEMAN, JAMES W 28100 U.S. HWY 19 N. SUITE 408					ame treet Addre	ess (P.O. Box Number is Not Accepta	ble)		
CLEA	ARWATER FL 34621			84 Ci	ity		FL	85 Zi	ip Code
SIGNATURE	Signature, typed or printed name of registered ager		<u> </u>	Agent sign	nature required	when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS ANI	D DIREC	TORS IN 12
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OF	-ICERS ANI	D DIREC ☐ Chang	
TITLE	PD	☐ DELETE	1.1 TIT					[_] Criany	
NAME	CURTIS, JEFFREY		1.2 NA						
STREET ADDRESS	8694 OAKDALE RD			REET ADD					ļ
CITY-ST-ZIP	LARGO FL 33777		_	TY-ST-ZIP					Addition
TITLE \	STD		2.1 ΤΠ	L£	1			Chang	ge 🗌 Addition
NAME	FREEMAN, JAMES W JR.		2.2 NA	ME					
STREET ADDRESS	455 LAKEVIEW DRIVE		2.3 ST	REET ADD	RESS	Aug.	-	-	-
CITY-ST-ZIP	PALM HARBOR FL 34683		2. 4 CI	TY-ST-ZIP	>				
TITLE		☐ DELETE	3.1 TD	rLE				Chang	ge 🗌 Addition
NAME			3.2 NA	ME					
STREET ADDRESS			3.3 ST	REET ADD	RESS				
CITY-ST-ZIP			3.4. CI	TY-ST-ZIP	2				
TITLE		☐ DELETE	4.1 TI	rle				☐ Chang	ge 🔲 Addition
NAME			4. 2 N	AME					ì
STREET ADDRESS			4.3 ST	REET ADO	RESS				
CITY-ST-ZIP			4.4 CT	TY-ST-ZIP	,				
TITLE		☐ DELETE	5.1 TIT					Chang	ge Addition
NAME			5.2 NA	ME					
STREET ADDRESS			5.3 ST	REET ADO	RESS				
CITY-ST-ZIP			5.4 CT	TY-ST-ZIP	,				
TITLE		☐ DELETE	6.1 TII					Chang	ge Addition
NAME		- :	6.2 NA	₩E					

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 on an attachment with any address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS