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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 21 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000039231 (2)

PRECISION TECHNOLOGIES, INC.

٠.												
Principal Place of Business Mailing Address									-	ERION IIIU	IBNO KODE III	
.99 VOLLMET AVE OLDSMAR FL 34677 US				1660 KINSMERE DRIVE NEW PORT RICHEY FL 34655-4521								
									3. Date Incorporated or Qualified 3a. Date of Last Report 05/15/1995 04/03/1996			
2. Principal Place of Business				2a, Mailing Address					4. FEI Number			pptied For
21				26					59-3312624		N	lot Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional
City & State				27 City & State						· · · · ·		lequired
23				28					6. Election Campaign Financing Trust Fund Contribution			May Be
Zip				Zip Country					·	- 	· · · · · · · · · · · · · · · · · · ·	
24	25		29	h					8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes No			
g, Name and Address of Curren				Registered Agent					10. Name and Address of New Re	gistered	Agent	
HIGH	HBAUGH, J	IAMES B ESQ.				81	1	lame				
120 EAST STATE STREET							S	treet Addre	ess (P.O. Box Number is Not Acceptate	ole)		
SUITE 101							 					
OLD	SMAR FL	34677				83	İ					
,						84	C	City		FL	85 Zip	Code
11. Pursuant	to the provis	ions of Sections 60	7 0502 and f	307 1508 Florida Statu	itos the	above	o-na	amed coro	oration submits this statement for the c		f changing	its registered
office or r	egistered ag	ont, or both, in the	State of Flori	da Such change was	authoriz	ed by	y th	e corporati	oration submits this statement for the pon's board of directors. I hereby accept	ot the app	ointment as	s registered
	ALL ABOLINIES AN	iti, and accept the	conganona c	1,0000.100 11011030 ,1	ionida di	acutes	٥.					
SIGNATURE	Signature, typed	or printed name of registe	red agent and titk	: il applicable (NC	11£ Registe	red Age	ont si	gnature require	ed when reinstating)	DATE		
12.	OFFICERS AND						13.		ADDITIONS/CHANGES TO OFFIC	ERS AND		-
TITLE	D	144EA D					1.5 TITLE				L Change	Addition
NAME :	EVANS,						1.2 NAME 1.3 STREET ADDRESS					
STREET ADDRESS	STREET ADDRESS 1680 KINSMERE DRIVE OITY-ST-ZIP NEW PORT RICHEY FL 34655			1,3 STREE 1,4 CITY-								
TITLE	1161110	III THOTIET TE O	1000	DELETE		TITLE	51-21	r		······································	☐ Change	Addition
NAME						NAME						
STREET ADDRESS					2.3	STREFT	I ADD	RESS				
CITY-ST-ZIP					2.4	City-S	ST-Z	iP .	•	F		
TITLE				DELFTE	3.1	TITLE					Change	Addition
NAME					32	NAME						
STREET ADDRESS					3.3	STREET	I ADD	ORESS				
CITY-ST-ZIP						CITY-S	ST-Z	P			11 800	
TITLE				☐ DELETE		TITLE		ŀ			☐ Change	Addition
NAME					1	NAME						
STREET ADDRESS						STREET						
CITY-ST-ZIP TITLE				DELETE		CITY-S	51.41	T			Change	Addition
NAME				 -		NAME						
STREET ADDRESS						STREEL	ADD	RESS				
CITY-ST-ZIP						CITY-S						
TITLE				☐ DELETE		TITLE					Change	Addition
NAME					6.2	NAME						
STREET ADDRESS					63	STREET	(ADD	RESS	•			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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 of the duceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

an attachment with an address.