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

PROFIT CORPORATION ANNUAL REPORT

1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000082918 (0)

PRECISE COMMUNICATION SYSTEMS, INC.

Principal Place of Business Mailing Address 4845 SILVER OAK BLVD 4845 SILVER OAK BLVD MELBOURNE FL 32935 MELBOURNE FL 32935

FILED Jan 29 1998 8:00am Secretary of State



Robet Fowler Jon 21, 1998 407 255-1336

3. Date Incorporated or Qualified 10/20/1005

DO NOT WRITE IN THIS SPACE

					10/30/1993		
<u> </u>	ace of Business	2a. Mailing Address			4. FEI Number	<u> </u>	Applied For
21		26			59-3342206		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional			
22		27		-			e Required
City & State		City & State	-		6. Election Campaign Financing Trust Fund Contribution		00 May Be
23 Zip	Country	28	Countr	ut	174617474 00772104107		led to Fees
24 25 29 30				Personal Property Tax due June 30. 2 Yes No			
····	Name and Address of Current	Registered Agent			Name and Address of New Registere	d Agent	
O'BRIEN, JAMES M			81	Name			
516 HARBOR CITY BLVD.			82	82 Street Address (P.O. Box Number is Not Acceptable)			
MELBOURNE FL 32935							
			83	83			
			84	City		85 2	Zip Code
			100	,	F	L [∞] ′	ip code
11. Pursuant to	o the provisions of Sections 607.0502	and 607.1508, Florida Statute	es, the abov	e-named corp	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	of changin	ig its registered
agent, 1 an	egistered agent, or both, in the State o n familiar with, and accept the obligat	it Florida, Such change was a lions of, Section 607.0505, Fk	autnorized b orida Statute	y the corporat s.	tion's board or directors, I hereby accept the a	ppointment	as registered
SIGNATURE _							
SIGNATURE :	Signature, lyped or printed name of registered agent	and little if applicable. (NOT)	E: Registered Ag	jent signature requi	red when reinstating) DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	TORS IN 12
TITLE	D	DELETE	1.1 TITLE	ĺ		☐ Chan	ge 🔲 Addition
NAME	FOWLER, ROBERT C		1.2 NAME				
STREET ADDRESS	4845 SILVER OAK BLVD.		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	MELBOURNE FL 32935		1,4 CITY-	ST-ZIP			İ
TITLE		DELETE	2.1 TITLE			Chan	ige 🔲 Addition
NAME			2.2 NAME	J			
STREET ADDRESS			2.3 STREE	T ADDRESS	~ ·		1
CITY-ST-ZIP			2. 4 CiTY -	ST-ZIP			
TITLE		DELETE	3.1 TITLE			Chan	ge Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS			ľ
CITY-ST-ZIP			3.4. CITY -				
TITLE		DELETE	4.1 TITLE			Chan	ge 🔲 Addition
NAME			4, 2 NAME	:			
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			4,4 CITY -				
TITLE		DELETE	5.1 TITLE			Chang	ge Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY-				
TITLE	<u> </u>	☐ DELETE	6.1 TITLE			☐ Chan	ge Addition
NAME		_	6.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			6.4 CITY-				
	ertify that the information supplied with	n this filing does not qualify fo			Section 119.07(3)(i), Florida Statutes. I further tre shall have the same legal effect as if made	certify that	the information
indicated of	on this annual report or supplemental	annual report is true and acc	urate and the	nat my signatu	are shall have the same legal effect as if made	under oath	that I am an
Block 12 o	or Block 13 if changed, or on an attach	read industries empowered to the month with an address.	evecare fills	report as requ	uired by Chapter 607, Florida Statutes, and the	a my name	αρμεαιο ΙΙΙ