*SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000087241 (2)

PRECISE PRINTING, INC.

Principal Place of Business

Mailing Address

APPROVED AND FILED

97 AUG -4 AM 8: 47

SECRETARY OF STATE TALLAHASSEE, FLORIDA



220 E. MADISON STREET TAMPA FL 33602		220 E. MADISON STREET TAMPA FL 33602		DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualified	3a. Date	of Last F	Report
					11/14/1995	05/)1/1996	
~^.	lace of Business	2a. Mailing Address	9 VAA	Syle RD	4. FEI Number			pplied For
Suite Apt.	- 1 1110 U YAP AP	26 Suite Apt. #, etc.	7 1710	WYNE RY	59-3351210			ot Applicable Additional
22	156	27 156			5. Certificate of Status Desired	IJ	•	equired
City & State 23 ムッア	2 1-64.	City & State 28 LUTZ	FLA.		Election Campaign Financing Trust Fund Contribution			May Be to Fees
7 Zip 24 335	749 25 Country	33549	Country 30	,	This corporation owes or has pair Personal Property Tax due June		· ·	tangible DNo
=-1	9, Name and Address of Current		1001		10. Name and Address of New Reg			
UN	IS, D. MICHAEL ESQ.		81	Name				
14502 NORTH DALE MABRY HIGHWAY, SUITE 314 TAMPA FL 33688				82 Street Address (P.O. Box Number is Not Acceptable)				
			83					
			84	City		FL	85 Zip	Code
11. Pursuant t	to the provisions of Sections 607 0502	and 607 1508 Florida Statut	es the abov	e-named corn	oration submits this statement for the p		hanging i	ts registered
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	of Florida. Such change was a	authorized bi	the corporati	ion's board of directors. Thereby accep	t the appoi	ilmont as	registered
•	m tamilar with and accept the obligat	ions or, accuon portobos, ric	Jilua Statuto	5 .				
SIGNATURE	Signature, typod or printed name of registered agont	t and title it applicable (NOT	E: Registered Age	ent signature require	ed when reinstating)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND D	IRECTO	RS IN 12
TITLE	D	☐ DELFTE	1.1 TITLE		:	L] Change	☐ Addition
NAME	GEORGE, JOHN		1.2 NAME	Ī	5000022	623	395	8
STREET ADDRESS	220 E. MADISON STREET			ADDRESS		9701	140	014
CITY-ST-ZIP	TAMPA FL 33602	DELETE	1.4 City - 5	ST - ZIP		5.00 ,	****	65,00 Addition
TITLE		DELETE	2111111			L	_ Change	Mudillon
NAME			2.2 NAME					
STREET ADDRESS			•	ADDRESS				
CITY-ST-ZIP TITLE		DELETE	2.4 CHY- 3.1 THE	ST- ZIP			Change	Addition
NAME		_ Dittell	3.2 NAME			_	_ ondingo	
STREET ADDRESS				ADDRESS				
CITY-ST-ZIP			3.4. CrTY-	- 1				
TITLE		DELETE	41 TITLE				Change	Addition
NAME			4. 2 NAME				•	
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY - 8	51 - ZIP				
TITLE		DELETE	5.1 TITLE				Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS	1			
CITY+ST-ZIP			5.4 CHTY-9	31 - ZIP	mal			
TITLE		☐ DELETE	61 TITLE		₹10 		Change	Addition
NAME			6.2 NAME	14	<i>)</i>			
STREET ADDRESS			6.3 STREET	ADDRESS				
CITY-ST-ZIP			6 4 CITY - S	II-ZIP			****	

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), 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 3 Inchanged, or on a lattachment with an address.