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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9500092234 (PRECISION BLUEPRINT AND COPY SERVICES, INC. P95000092234 (0)

FILED Mar 13 1998 8:00am Secretary of State

Principal Place of Business 801 NORTH ANDREWS AVENUE FORT LAUDERDALE FL 33311 US		Mailing Address 801 North Andrews Avenue Fort Lauderdale FL 33311 US		DO NOT WRITE		(F 018+ 448+	
					 Date Incorporated or Qualified 12/01/1995 		
2. Principal Place of Business 2a. Mailing Addre			dress		4. FEI Number 65-0624635	 	oplied For ot Applicable
Suite, Apt.	#, etc	Suite, Apt. #, e	Suite, Apt. #, etc.		Certificate of Status Desired	□ \$8.75 / Fee Re	Additional
City & State		City & State			6. Election Campaign Financing	\$5.00	
Zip Country		Zip	p Country		Trust Fund Contribution 8. This corporation owes or has pai	Added to	
24	25 9, Name and Address of Curre	29	30		Personal Property Tax due June 10. Name and Address of New Reg	30.] No
	RRATT, OLEN H		81	Name Se 61		provide region	
1100 MANDARIN ISLE FORT LAUDERDALE FL 33315			82	Street Addr	ress (P.O. Box Number is Not Acceptab	le)	
TOTAL PRODUCTION CONTRACTOR CONTR			83		KI, KILLIA GOO'S F	·····	
			64	City	سلمه لامه لمعمد لمعمد	FL 85 Zip (Code
11. Pursuant i	to the provisions of Sections 607.050 egistered agent, or both, in the State)2 and 607.1508, Florida r of Florida Such change	Statutes, the above was authorized by		poration submits this statement for the pition's board of directors. I hereby accept	urpose of changing it	s registered registered
agent. I at SIGNATURE	m familiar virity, and accord the oblig	ations of Section 607.05	505, Florida Statutes	S	· ·	3/1/96	
	Signature, typed or printed hame of registered ag-		(NOTE Registered Age	ent signature requir		DATE	
12.	OFFICERS AN	ID DIRECTORS DELE	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	RS IN 12
NAME	SERRATT, OLEN H	لي مردد				Line Change	L ACCILION
STREET ADDRESS	4400 1410 1011 1015		1.2 NAME		501 H. Andrewse	A.,	
FORT LAUREDDALF EL MANAL		1.3 STREET ADDRESS 1.4 City-St-Zip			501 H. Audrews L. handerdale F		
CITY-ST-ZIP TITLE	DELETE			1-5P	1. hander dake		Addition
NAME	First Picture		2.1 MAME			L Onlings	Addition
STREET ADDRESS			2.3 STREET	*DDDCCC			
CITY+ST-ZIP TITLE	the state of the s		2. 4 City - 5 TE 3.1 Title	SI-21P		Change	Addition
NAME	L. Dittit		3.2 NAME				
STREET ADDRESS			3.3 STREET	*DUBECC			l
CITY-ST-ZIP			3.4. CITY-5				i
TITLE		DELE		01 · ZIP		Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY - S	i			
TITLE		☐ DELE		1.5		☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			53 STREET	ADDRESS			
CITY-ST-ZIP			5.4 City-S				
TITLE		DELE		. 2"		☐ Change	Addition
NAME			62 NAME				
STREET ADDRESS			63 STREET	ADDRESS			
CITY-ST-ZIP			64 CITY-S				
14 1 haraby o	orif. that the information arealised in	de tras desendad			Coation 110 07/2\/i\ Elecido Ctatutos II	C	lafa an ation

indicated on this annual report or suppliemental 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 of instee 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 an address.

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