**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**
**AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)**

## PROFIT CORPORATION ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**DOCUMENT #   P95000095896 (3)**

1. Corporation Name

**PRECISION VALVE SYSTEMS CORP.**

Principal Place of Business

13925 NORTHWEST 60TH AVENUE
MIAMI LAKES FL 33014

Mailing Address

13925 NORTHWEST 60TH AVENUE
MIAMI LAKES FL 33014

| | | |
|---|---|---|
| 3. Date Incorporated or Qualified **12/19/1995** | 3a. Date of Last Report | |

| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number **65-0634517** | Applied For / Not Applicable |
|---|---|---|---|
| 21 `1412 SW 13th Court` | 26 `1412 SW 13th Court` | | |
| 22 Suite, Apt. #, etc | 27 Suite, Apt #, etc. | 5. Certificate of Status Desired ☐ | **$8.75** Additional Fee Required |
| 23 City & State `Pompano Beach, FL` | 28 City & State `Pompano Beach, FL` | 6. Election Campaign Financing Trust Fund Contribution ☐ | **$5.00** May Be Added to Fees |
| 24 Zip `33069` / 25 Country `USA` | 29 Zip `33069` / 30 Country `USA` | 8. This corporation has liability for intangible tax under s 199 032, Florida Statutes ☐ Yes ☐ No | |

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| ADAIR, LARRY L<br>13925 NORTHWEST 60TH AVENUE<br>MIAMI LAKES FL 33014 | 81 Name `Barbara J. Yessman`<br>82 Street Address (P.O. Box Number is Not Acceptable) `1412 SW 13th Court`<br>83<br>84 City `Pompano Beach,` **FL** / 85 Zip Code `33069` |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Barbara J Yessman* (Barbara J. Yessman)     6-14-96

| 12. OFFICERS AND DIRECTORS | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
|---|---|
| TITLE **D** ☐ DELETE<br>NAME **ADAIR, LARRY L**<br>STREET ADDRESS **212 NORTHWEST 97TH AVENUE**<br>CITY-ST-ZIP **PLANTATION FL 33324** | 1 1 TITLE **President** ☐ Change ☐ Addition<br>1 2 NAME **Miller, James**<br>1 3 STREET ADDRESS **1412 SW 13th Court**<br>1 4 CITY-ST-ZIP **Pompano Beach, FL 33069** |
| TITLE ☐ DELETE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 2 1 TITLE **Secretary-Treasurer** ☐ Change ☐ Addition<br>2 2 NAME **Shelley, George R.**<br>2 3 STREET ADDRESS **1412 SW 13th Court**<br>2 4 CITY-ST-ZIP **Pompano Beach, FL 33069** |
| TITLE ☐ DELETE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 3 1 TITLE ☐ Change ☐ Addition<br>3 2 NAME<br>3 3 STREET ADDRESS<br>3 4 CITY-ST-ZIP |
| TITLE ☐ DELETE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 4 1 TITLE ☐ Change ☐ Addition<br>4 2 NAME<br>4 3 STREET ADDRESS<br>4 4 CITY-ST-ZIP |
| TITLE ☐ DELETE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 5 1 TITLE ☐ Change ☐ Addition<br>5 2 NAME<br>5 3 STREET ADDRESS<br>5 4 CITY-ST-ZIP |
| TITLE ☐ DELETE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 6 1 TITLE ☐ Change ☐ Addition<br>6 2 NAME<br>6 3 STREET ADDRESS<br>6 4 CITY-ST-ZIP |

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

**SIGNATURE:** x _[signature]_     6-14-96     (954) 782-3885

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR     Date     Daytime Phone #