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 # P96000024997 (4)

INNOVATIVE PRECISION, INC.

Principal Place of Business

Mailing Address

FILED May 05 1998 8:00am Secretary of State



18283 NW 10 ST PEMBROKE PINES FL 33028		16283 NW 10 ST PEMBROKE PINES FL 33028			DO NOT WRITE IN TH	IS SPACE			
					3. Date Incorpo 03/20/19	rated or Qualified 96			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Ap	plied For	
21		26			65-0657	<u> 402 </u>		ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of	Status Desired	\$8.75 Additional Fee Regulred		
City & State		City & State			Election Campaign Financing \$5.00 May Be				
23		[28]			Trust Fund C		Added		
Zip	Country	Zip Country			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes				
24	25 9. Name and Address of Curren		30			perty tax due June 30. ddress of New Registers		₹NO	
ei i	TTON, STEVEN J.	t trogratored Agent	81	Name	10, Namo and A	dules of flow flogisters	- Agoilt		
	283 N.W. 10TH STREET								
	MBROKE PINES FL 33028			82 Street Address (P.O. Box Number is Not Acceptable)					
, ,	MUNORE I MES I E 55020		83					·	
			84	<u> </u>		F		Code	
office or re	 the provisions of Sections 607.0502 agistered agent, or both, in the State 	of Florida. Such change was au	ithorized by	the carnor	orporation submits this ration's board of direct	statement for the purpose ors. I hereby accept the a	of changing it	s registered registered	
agent. I ar	n familiar with, and accept the obliga	tions of, Section 607.0505, Flori	ida Statute	S4-	للہ	0 1 1	اد الد "	<i>1</i>	
SIGNATURE	yere I.	unco-	RUGN	٦,	Sutjon	regiden	9/26	/98	
	Signature, typed or printed hank of 19 stered ago OF FICERS AND			ont signature rec	quired when reinstating)	DATE		C IN 10	
12,	P OFFICE NO AIN	DELETE	13.	1	ADDITIONS/CI	HANGES TO OFFICERS A	L Change	Addition	
NAME	SUTTON, STEVEN		1.2 NAME						
STREET ADDRESS	16283 N.W. 10TH STREET		1.3 STREET	ADODECC					
CITY-ST-ZIP	PEMBROKE PINES FL								
TITLE		☐ DELETÉ	1.4 CITY - S 2.1 TITLE	01-ZIP	····	·	Change	Addition	
NAME		22N							
STREET ADDRESS			2.3 STREET	ADDRESS					
CITY-ST-ZIP			2. 4 CITY-						
TITLE			3.1 TITLE	J. L.11	· · · · · · · · · · · · · · · · · · ·	· · · · · ·	Change	Addition	
NAME			3.2 NAME				•		
STREET ADDRESS			3.3 STREET	ADDRESS					
CITY-ST-ZIP			3.4. CITY- :	ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE	-		**************************************	Change	Addition	
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREET	ADDRESS					
CITY-ST-ZIP			4.4 CITY-S	iT-ZiP					
TITLE		☐ DELETE	5.1 TIFLE				☐ Change	Addition	
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET	ADDRESS					
CITY-ST-ZIP			5.4 CITY-S	T - ZIP					
TITLE		☐ DEL ETE	6.1 TITLE]			Change Change	Addition	
NAME		,	6.2 NAME	1					
STREET ADDRESS			63 STREET	ADDRESS					
CITY-ST-ZIP			64 CITY-S						
indicated of officer or of	erlify that the information supplied wi on this annual report or supplementa director of the corporation or the rece or Block 13 if changed, or on an attac	l annual report is true and accur iver or trustee empowered to ex	rate and th	at my signa	dure shall have the sar	ne legal effect as if made.	under oath, tha at my name api	atlam an I	