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Apr 21 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # : P96000027211  
1. Corporation Name  
PRECISION MAINTENANCE INC.

Principal Place of Business  
FL.  
Mailing Address  
17250 NE 11TH AVE  
NMB FL. 33162

2. Principal Place of Business 21 FLORIDA Suite, Apt. #, etc. 22 17250 NE 11TH AVE City & State 23 NMB FL. Zip 24 33162	2a. Mailing Address 26 FLORIDA Suite, Apt. #, etc. 27 17250 NE 11TH AVE City & State 28 NMB FL. Zip 29 33162	3. Date Incorporated or Qualified 3-20-96 3a. Date of Last Report " 4. FEI Number 65-0655992 X Applied For Not Applicable 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
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9. Name and Address of Current Registered Agent DANIEL KNAFO 17250 NE 11TH AVE NMB FL. 33162	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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: [Signature] DATE: 4-15-97

12. OFFICERS AND DIRECTORS TITLE: PRESIDENT NAME: DANIEL KNAFO STREET ADDRESS: 17250 NE 11TH AVE CITY-ST-ZIP: NMB FL. 33162 [Delete] [Delete] [Delete] [Delete] [Delete] [Delete] [Delete] [Delete]	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP
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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 included 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 13 if changed, or in an attachment with an address.

SIGNATURE: [Signature] DANIEL KNAFO  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: 4-15-97  
Daytime Phone: 954-923-7766

CR2E034 (9/96)