

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90206 039 ***150.00

DOCUMENT # P96000050509

1. Corporation Name

THE PRECISION CONSULTING GROUP, INC.

Principal Place of Business

2840 NW 2ND AVE
STE 102
BOCA RATON FL 33431
US

Mailing Address

2840 NW 2ND ST
STE 102
BOCA RATON FL 33431
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/13/1996

4. FEI Number

65-0673516

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75: Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes ☒ No ☐

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 2840 NW 2ND AVE

27 Suite, Apt. #, etc.

28 BOCA RATON, FL

29 Zip

Country

30

31

USA

9. Name and Address of Current Registered Agent

WAHL, JOHN M III
13 MEADOW DR
BOYNTON BEACH FL 33462

10. Name and Address of New Registered Agent

81 Name THOMAS CARRACINO
82 Street Address (P.O. Box Number is Not Acceptable)
6573 SW 8 CT

83

84 City N. LAUDERDALE FL 85 Zip Code 33068

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

Thomas Carracino

DATE

4/7/99

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE VP ☒ DELETE

NAME WAHL, JOHN M III.
STREET ADDRESS 13 MEADOW DR
CITY-ST-ZIP BOYNTON BEACH FL 33462

TITLE P ☐ DELETE

NAME CARRACINO, THOMAS
STREET ADDRESS 6573 SW 8TH CT
CITY-ST-ZIP N. LAUDERDALE, FL

TITLE VP ☒ DELETE

NAME TWITCHELL, RAY
STREET ADDRESS 7581 NW 21ST CT
CITY-ST-ZIP MARGATE FL 33063

TITLE VP ☐ DELETE

NAME EBERT, MIKE
STREET ADDRESS 11130 NW 37TH ST
CITY-ST-ZIP SUNRISE FL 33351

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME THOMAS CARRACINO

2.3 STREET ADDRESS 6573 SW 8 CT

2.4 CITY-ST-ZIP N. LAUDERDALE, FL 33068

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME MICHAEL C EBERT

4.3 STREET ADDRESS 11130 NW 37 ST

4.4 CITY-ST-ZIP SUNRISE FL 33351

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael C Ebert

4/7/99

Date

(561) 362-6504

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)