

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

FILED

Apr 14 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 # **P96000066683 (9)**

1. Corporation Name
PRECISE LOGICAL SOLUTIONS, INC.



Principal Place of Business POST OFFICE BOX 15362 ST. PETERSBURG FL 33733-5362	Mailing Address POST OFFICE BOX 15362 ST. PETERSBURG FL 33733-5362
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3. Date Incorporated or Qualified 08/12/1996		3a. Date of Last Report	
2. Principal Place of Business 21 1135 Pasadena Ave. S. Suite, Apt. #, etc.	2a. Mailing Address 26 1135 Pasadena Ave. S. Suite, Apt. #, etc.	4. FEI Number 59-3395986	Applied For <input type="checkbox"/> Not Applicable
22 Suite 223 City & State	27 Suite 223 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Pasadena, FL Zip	28 Pasadena, FL Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 33707	25 Pinellas	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301		10. Name and Address of New Registered Agent 81 Name Teresa D. Manley 82 Street Address (P.O. Box Number is Not Acceptable) 1135 PASADENA AVE S. 83 SUITE 223 84 City PASADENA FL 85 Zip Code 33707	
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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 *Teresa D. Manley* **Vice-President** **4/8/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	President	1.2 NAME	
STREET ADDRESS	Pamela Sylves	1.3 STREET ADDRESS	
CITY - ST - ZIP	8911 Blind Pass Rd. #221	1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vice President	2.2 NAME	
STREET ADDRESS	Teresa Manley	2.3 STREET ADDRESS	
CITY - ST - ZIP	1801 58th St. S.	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 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.

SIGNATURE: *Teresa D. Manley* **Vice President** **4/8/97** **(813) 384-0095**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)