FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS **1998** P96000069673 (7) DOCUMENT #
1. Corporation Name PRECISION PROCESSING, INC.

## **FILED** May 08 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Address		L SERBORT HO IDING DINI DONI BONI DRIN DRIN DRIN	Olick idein Briti tannn till indi
		8861 WEST SUNRISE BL PLANTATION FL 33322	VD.	DO NOT WRITE IN TH	IIS SPACE
				<ol> <li>Date Incorporated or Qualified</li> <li>08/19/1996</li> </ol>	
$\Box$	ace of Business	2a. Mailing Address	Caii C+	4. FEI Number 5-059481 APPLIED FOR	
Suite, Apt	rompelici	26 3040 to1 Suite, Apt. #, etc.	menci		Not Applicable \$8.75 Additional
22 Suite, Apr. 1	*, <del>0</del> (C.	27	·	5. Certificate of Status Desired	Fee Required
City & State  23 Weston FL  28 Weston		SFL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24 <b>3</b> 33:	25 USA	29 <b>33.3</b> 27	Country 30 USA	<ol><li>This corporation owes or has paid the Personal Property Tax due June 30.</li></ol>	Yes No
	9. Name and Address of Current	Registered Agent	81 Nahe	10. Name and Address of New Register	eð Agent
ZUN	MMO, JAMES	imes Zummo			
8861 WEST SUNRISE BLVD.			82 Street A	Address (P.O. Box Number is Not Acceptable)	
PLA	NTATION FL 33322		83	to tolliper of	
			84 City	\- = \\	85 3n Code
"Weston FL   3332					
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 / 1/29/98					
	States Common Training Aregistered Agent		IE flegistered Agent signature :	required whon reinstating) DAT  ADDITIONS/CHANGES TO OFFICERS A	
12.	PVST OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICEAS	Change Addition
NAME	ZUMMO, JAMES		12 NAME		<b></b>
STREET ADDRESS	8961 WEST SUNRISE BLVD.		1.3 STREET ADDRESS	2040 Rompell Ct	
CITY-ST-ZIP	PLANTATION FL 33322		1.4 City-St-ZiP	Weston FL 33327	
TITLE	D	DELETE	21 TITLE		Change Addition
NAME	ZUMMO, JAMES		2.2 NAME		, ,
STREET ADDRESS	<b>8961 WEST SUNRISE BLVD.</b>		2.3 STREFT ADDRESS	2040 Pumpeii Ct	
CITY-ST-ZIP	PLANTATION FL 33322		2. 4 CITY - ST - ZIP	Weston FL 33327	
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		Destr	3.4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY - ST - ZIP 5.1 TILLE		Change Addition
TITLE		T prrtit	5.1 TILLE 5.2 NAME		
NAME Street address			5.2 NAME 5.3 STREET ADDRESS		
			5.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		DELETE	61 TITLE		Change Addition
NAME		<del>_</del>	62 NAME		-
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		
311 01 21					

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 eath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, on an attachment with an address.