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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

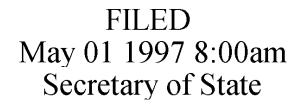
Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000084728 (0)

PRECISION WATERCRAFT, INC.

	*****	*****	
Principal	Place	of Bu	isiness

Mailing Address





1502 ALTERNATE 18 N PALM HARBOR FL 34683  1502 ALTERNATE 18 N PALM HARBOR FL 34683-3553													
							•	3. Date Incorporated or Qualified 10/10/1996	3a. Date of Last Report				
2. Principal Place of Business		ļŋ	2a. Mailing Address				4. FEI Number 59 - 340 6809			Applied			
Surte, Apt. i	# ofc		26]	Suite, Apt. #, etc	<del></del> _				54-3406801		ÉR 7	Not App 5 Additio	
h-m			27	<del>  </del>				Certificate of Status Desired			e Require		
City & State	9		28	City & State					Election Campaign Financing     Trust Fund Contribution			<b>00</b> May lided to Fee	
Zip <b>24</b>	25	Country	29	Zip Country <b>30</b>				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes					
		d Address of Cur	rent Regi	stered Agent			<b>, , , , , , , , , , , , , , , , , , , </b>		10. Name and Address of New Re	gistered A	gent		
	son, Keith (					81	Nam	e					
1502 ALTERNATE 19 N PALM HARBOR FL 34683					L	82 Street Address (P.O. Box Number is Not Acceptable)							
			83	1									
						84	City		· · · · · · · · · · · · · · · · · · ·	FL	85	Zip Code	
11. Pursuant to office or reagent. Lar	to the provision egistered agen m familiar with,	s of Sections 607.t t, or both, in the St and accept the ob	0502 and the ate of Flore oligations of the office of the oligations of the oligatio	607.1508, Florida S ida. Such change of, Section 607.050	Statutes, the was author 5, Florida S	e abov ized b Statute	re-nam y the c	ed corpo orporation	oration submits this statement for the poor's board of directors. I hereby accept	ourpose of ot the appo	changir ointmen	ng its regi t as regist	stered tered
SIGNATURE	·												
12.	Signature: typed or p	OFFICERS				tered Ag	ent signa	ure require	ed when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND	DIREC	TORS IN	12
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NAME					2	.2 NAME							ļ
STREET ADDRESS							1 ADDRES	s		<b>***</b> .4			ļ
CHY-ST-7IP	**************************************			☐ DELET		4 CITY-	\$T - ZIP				Cha		Addition
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STREET ADDRESS							T ADDRES	8					
Dity-St-ZiP Title				☐ DELETI		.4. CITY- .1 TITLE	21-7P				Char	nge TT	Addition
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CITY+ST-ZiP					1	4 CiTY-:							
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NAME					6	2 NAME							
STREET ADDRESS					6	3 STREE	T ADDRES	s					
City - St - ZiP					6	4 CITY-:	\$T-ZIP						
14. Ldo hereb	by cortify that N	e information sum	t dtiw baile	his filing does not	qualify for	the ex	emotio	hateta c	in Section 119.07(3)(i) Florida Statute	s I further	certify	that the	

I. 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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/97 11-870 Date | Daving Phone