

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION  
 ANNUAL REPORT  
 1999



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

FILED

99 NOV -4 AM 9: 21

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # P97000004835

1. Corporation Name  
 PRECISION POLYMERS INC.



000003045460--7  
 -11/16/99--01050--015  
 DO NOT WRITE IN THIS SPACE \*\*\*150.00

Principal Place of Business Mailing Address  
 1519 PINE AVE. 1519 PINE AVE.  
 ORLANDO FL 32824 ORLANDO FL 32824

3. Date Incorporated or Qualified  
 01/16/1997

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	65-0743225	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation owes the current year Intangible Personal Property.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent  
 COOK, JAMES R  
 6280 PERREGRINE CT.  
 ORLANDO FL 32820

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City FL 85 Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK, JAMES	1.2 NAME	
STREET ADDRESS	8230 PERRIGRINE COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32820	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK, CAROLYN	2.2 NAME	
STREET ADDRESS	6935 N.W. LAKE GAGE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ANGOLA IN 48703	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 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: \_\_\_\_\_ DATE: 4/23/99 DAYTIME PHONE #: 407-866-3030  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/99)

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CNC Freda of Florida  
a/k/a Precision Polymers, Inc.  
1519 Pine Avenue  
Orlando, FL 32824  
(407) 888-3030

October 28, 1999

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl 32314

Re: Precision Polymers, Inc.  
Ref. Number: P97000004835

To Whom it May Concern:

In response to your letter dated October 18, 1999, please be advised that with this letter I am requesting that the Department of State waive any late fees on our account and process our annual report for \$150.00.

I filed by Annual report timely however due to an error by my assistant it was mailed to the wrong address, which was ultimately returned to me. Then it was sent to the correct address with a check for \$206.00 instead of the \$150.00 fee, which was returned to me again. Then a new check was cut and mailed, which you just sent back to me again.

Please accept my report and my payment of \$150.00 enclosed. Thank you and should you need any additional information, please feel free to contact me.

Sincerely,



James Cook  
President

enclosures