

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

DOCUMENT # P97000083843

1. Corporation Name

PRECISION SHEETMETAL INDUSTRIES, INC.

Principal Place of Business

10343 153RD COURT NORTH
JUPITER FL 33478

Mailing Address

10343 153RD COURT NORTH
JUPITER FL 33478

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 OCT -1 AM 11:39



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

09/29/1997

4. FEI Number

65-0789012

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

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME REID, SEAN E
STREET ADDRESS 10343 153RD COURT NORTH
CITY-STATE ZIP JUPITER FL 33478

☐ DELETE

TITLE VSD
NAME ORTEGA, VICTOR J
STREET ADDRESS 10343 153RD COURT NORTH
CITY-STATE ZIP JUPITER FL 33478

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-STATE ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE ZIP

100003005971-0
-10/05/99-01076-020

*****500.00 *****500.00

100003005971-0
-10/05/99-01076-021

*****50.00 *****50.00

9/2/99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)