PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700090357

PRECISION ENGINE REBUILDING NORTH, INC.

Principal Place of Business 116 W. COMPTON AVE. ORLANDO FL 32806 Mailing Address

116 W. COMPTON AVE. ORLANDO FL 32806

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90040 028 ***150.00



DO NOT WRITE IN THIS SPACE

								11/01/1997			
2. Principal Place of Business				2a. Mailing Address				4. FEI Number	Ap	plied For	
21			26	26				59-3511967	No	t Applicable	
Suite, Apt. #, etc.			27	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required			
City & State				City & State				6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees			
Zip	С	ountry	120,	Zip	Co	untry		8. This corporation owes the current year Intangib	le	· 	
24	25	,	29	, ·				Personal Property Tax.		X No	
9. Name and Address of Current Registered Agent								10. Name and Address of New Registered Agent			
MONROE, STEVEN						81					
116 W. COMPTON AVE.						82	Street Ac	ddress (P.O. Box Number is Not Acceptable)			
	ANDO FL 32806			83		<i>k</i>					
						84	City	FL 85	Zip (Code	
office or re	egistered agent, or	f Sections 607.0502 both, in the State of accept the obligati	of Flori	da. Such change v	vas authorize	d by i	the corpora	orporation submits this statement for the purpose of chan- ation's board of directors. I hereby accept the appointmen	ging its it as re	registered gistered	
SIGNATURE	Electric band of costs	d name of registered agent	and title	d applicable	/NOTE: Registers	d Agen	t signature reci	uired when reinstating) DATE		Ì	
12.	Signature, typed or printe	OFFICERS AN			13		, vigilizada ibqi	ADDITIONS/CHANGES TO OFFICERS AND DI	RECTO	R\$ IN 12	
TITLE	D	0111021101111		DELE:		TITLE			Change	☐ Addition	
NAME	MONROE, STE	A/EN			1.21	AME					
STREET ADDRESS	116 W. COMP						ADDRESS				
CITY-ST-ZIP	ORLANDO FL					CITY-ST					
TITLE	OILEMIDO I E	32000		☐ DELE		ITLE	'- - "		hange	Addition	
NAME	i				2.2	NAME					
STREET ADDRESS							ADDRESS				
						CITY-S					
CITY-ST-ZIP TITLE				☐ DELE		TITLE	1-21		hange	Addition	
NAME				_ ,		VAME					
STREET ADDRESS							ADDRESS				
						CITY-S					
CITY-ST-ZIP TITLE				☐ DELE		TITLE	1-217		Change	Addition	
NAME						NAME		_	•		
							ADDRESS				
STREET ADDRESS						SITY-SI				1	
CITY-ST-ZIP TITLE			-	[] DELE		IIILE	-ب		Change	☐ Addition	
NAME				_ 3000		VAME		_	-	_	
1							ADDRESS			~	
STREET ADDRESS						OTY-ST					
CITY-ST-ZIP TITLE				☐ DELE		TITLE		П	Change	Addition	
				J.C.C.		IAME			.	_	
NAME							ADDRESS				
STREET ADDRESS											
CITY-ST-ZIP					6.4 (CITY-ST	1-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 as 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 only attachment with an address, with all other like empowered.

SIGNATURE:

STEVEN MONRO

4/27/99

407-271-6950

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