

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90082 018 ***150.00

DOCUMENT # P98000100080

1. Corporation Name

PRECISION LEGAL SERVICES, INC.

Principal Place of Business

14193 82ND STREET NORTH
LOXAHATCHEE FL 33470

Mailing Address

14193 82ND STREET NORTH
LOXAHATCHEE FL 33470

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/24/1998

4. FEI Number

65-0874078

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 Tax.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MURRAY, SHARISSE
14193 82ND STREET NORTH
LOXAHATCHEE FL 33470

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME MURRAY, SHARISSE
STREET ADDRESS 14193 82ND STREET NORTH
CITY-ST-ZIP LOXAHATCHEE FL 33470

1.1 TITLE P
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D
NAME PEARCE, PAMELA
STREET ADDRESS 1130 SUSSEX DR. #1519
CITY-ST-ZIP N. LAUDERDALE FL 33068

2.1 TITLE V/M
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME FIELDS, MINDY
STREET ADDRESS 431 NW 108TH AVE.
CITY-ST-ZIP PLANTATION FL 33324

3.1 TITLE V/S
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME LARSON, KATHY
STREET ADDRESS 984 PINE RIDGE DR
CITY-ST-ZIP PLANTATION FL 33317

4.1 TITLE V/T
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME KING, DAVID
STREET ADDRESS 2308 N.E. 9TH ST., 32
CITY-ST-ZIP FT. LAUDERDALE FL 33304

5.1 TITLE V-MARKETING
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME HOROWITZ, HOWARD
STREET ADDRESS 9620 WEATHERVANE MANOR
CITY-ST-ZIP PLANTATION FL 33324

6.1 TITLE V
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE: KATHY LARSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-99

Date

(954) 791-4126

Daytime Phone #

CR2E034 (1/1/98)