

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S21959 (9)
1. Corporation Name
PROFESSIONAL ASSEMBLY & MFG. CO., INC.



Principal Place of Business
**1529 NW 8TH AVE
OCALA FL 34470
US**

Mailing Address
**P O BOX 770355
OCALA FL 34477
US**

2. Principal Place of Business
21 **2550 NE 36TH AVE**
Suite, Apt. #, etc.
22 **UNIT D**
City & State
23
Zip Country
24
25
29
30

3. Date Incorporated or Qualified **12/26/1990** 3a. Date of Last Report **08/03/1995**

4. FEI Number **51-0311954** 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**WEINSHEIMER, WAYNE A.
4780 NE 28TH TERRACE
OCALA FL 34479**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) **7237 HEMLOCK LOOP**
83
84 City **OCALA** FL 85 Zip Code **34472**

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 _____

12. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> DELETE
NAME	WEINSHEIMER, WAYNE A.	
STREET ADDRESS	4780 NE 28 TERRACE	
CITY - ST - ZIP	OCALA FL	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	WEINSHEIMER, DONNA J.	
STREET ADDRESS	4780 NE 28 TERRACE	
CITY - ST - ZIP	OCALA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS	7237 HEMLOCK LOOP	
14 CITY - ST - ZIP	OCALA FL 34472	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE		
22 NAME		
23 STREET ADDRESS	7237 HEMLOCK LOOP	
24 CITY - ST - ZIP	OCALA FL 34472	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
31 TITLE		
32 NAME	WEINSHEIMER, KEVIN W.	
33 STREET ADDRESS	7237 HEMLOCK LOOP	
34 CITY - ST - ZIP	OCALA FL 34472	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE		
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE		
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE		
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: W.A. Weinsheimer **W.A. WEINSHEIMER** 8/1/96 352 690 7111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034 (12/95)