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FILED
Apr 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # S87090 (4)

1. Corporation Name
PRECISION IMPORTS AND CLASSICS, INC.

Principal Place of Business
390 SE 2 AVE
DELRAY BEACH FL 33483-4402

Mailing Address
390 SE 2 AVE
DELRAY BEACH FL 33483-4402



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
10/14/1991

3a. Date of Last Report
02/12/1996

4. FEI Number

65-0291677

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

10. Name and Address of New Registered Agent

SCHMIDT, DAVID W.
100 NE 5 AVE
DELRAY BEACH FL 33483

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 C
NAME CERAOLO, CARL
STREET ADDRESS 390 SE 2 AVE
CITY- ST- ZIP DELRAY BEACH FL

TITLE DP
NAME CERAOLO, CHRISTOPHER
STREET ADDRESS 390 SE 2ND AVE
CITY- ST- ZIP DELRAY BEACH FL

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 NAME Change Addition

12 NAME Change Addition

13 STREET ADDRESS Change Addition

14 CITY- ST- ZIP Change Addition

21 NAME Change Addition

22 NAME Change Addition

23 STREET ADDRESS Change Addition

24 CITY- ST- ZIP Change Addition

31 NAME Change Addition

32 NAME Change Addition

33 STREET ADDRESS Change Addition

34 CITY- ST- ZIP Change Addition

41 NAME Change Addition

42 NAME Change Addition

43 STREET ADDRESS Change Addition

44 CITY- ST- ZIP Change Addition

51 NAME Change Addition

52 NAME Change Addition

53 STREET ADDRESS Change Addition

54 CITY- ST- ZIP Change Addition

61 NAME Change Addition

62 NAME Change Addition

63 STREET ADDRESS Change Addition

64 CITY- ST- ZIP Change Addition

14. I do 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

4/20/97 561-272-0870

CR2E034 (9/96)