

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT  
**1997**  
DOCUMENT # V15136  
1. Corporation Name  
**Precision Panel Products, Inc.**



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

Principal Place of Business: **12440 73rd Court Street, Largo, FL 34643**  
Mailing Address: **12440 73rd Court Street, Largo, FL 33773-3046**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>February 19, 1992</b>	3a. Date of Last Report <b>April 11, 1997</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>59-3106220</b>	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199 032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**Williams, Michael F.  
12440 73rd Court North  
Largo, Florida 34643**

10. Name and Address of New Registered Agent  
81. Name: **CT Corporation**  
82. Street Address (P.O. Box Number is Not Acceptable): **1200 S. Pine Island Rd.**  
83. City: **Plantation, FL**  
84. Zip Code: **33324**

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: *Connie Bryan*  
ONNIE BRYAN  
SPECIAL ASSISTANT SECRETARY  
10/14/97

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	<b>Williams, Michael F.</b>	
STREET ADDRESS	<b>2174 McMullen Road</b>	
CITY-STATE-ZIP	<b>Largo, FL</b>	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	<b>Lawler, Michael D.</b>	
STREET ADDRESS	<b>18400 Gulf Boulevard</b>	
CITY-STATE-ZIP	<b>Indian Shores, FL</b>	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	<b>NOrrie, Jack B.</b>	
STREET ADDRESS	<b>8972 Baywood Park Drive</b>	
CITY-STATE-ZIP	<b>Seminole, FL</b>	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	<b>Baccari, David</b>	
STREET ADDRESS	<b>1524 Foxboro Drive</b>	
CITY-STATE-ZIP	<b>Palm Harbor, FL</b>	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	<b>Snell, Tom</b>	
STREET ADDRESS	<b>12440 73rd Court N</b>	
CITY-STATE-ZIP	<b>Largo, FL</b>	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	<b>Sauage, Neil</b>	
STREET ADDRESS	<b>12440 73rd Court N.</b>	
CITY-STATE-ZIP	<b>Largo, FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	PSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. NAME	<b>Andre Laus</b>	
13. STREET ADDRESS	<b>270 Congress Street</b>	
14. CITY-STATE-ZIP	<b>Boston, MA 02210</b>	
21. TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22. NAME	<b>Michael Coffman</b>	
23. STREET ADDRESS	<b>270 Congress Street</b>	
24. CITY-STATE-ZIP	<b>Boston, MA 02210</b>	
31. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME		
33. STREET ADDRESS		
34. CITY-STATE-ZIP		
41. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME		
43. STREET ADDRESS		
44. CITY-STATE-ZIP		
51. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME		
53. STREET ADDRESS		
54. CITY-STATE-ZIP		
61. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		
63. STREET ADDRESS		
64. CITY-STATE-ZIP		

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\*\*\*\*\*61.25 \*\*\*\*\*61.25

*A. Laus*  
10/16/97

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 supplementary 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 in an attachment with an address.

SIGNATURE: *[Signature]*  
October 10, 1997 (617) 482-4242  
Date Daytime Phone #

CR2E034 (9/96)