

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

FILED
Apr 24 1996 8:00 am
Secretary of State

DOCUMENT # 432569 (2)
1. Corporation Name

STOTTLER STARMER & ASSOCIATES, ARCHITECTS, ENGINEERS, PLANNERS, INC.



Principal Place of Business: **8680 N ATLANTIC AVENUE CAPE CANAVERAL FL 32920**
Mailing Address: **8680 N ATLANTIC AVENUE CAPE CANAVERAL FL 32920**

3. Date Incorporated or Qualified: **08/09/1973**
3a. Date of Last Report: **02/13/1995**
4. FEI Number: **59-2734745** 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

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

9. Name and Address of Current Registered Agent
STOTTLER, RICHARD H. JR.
8680 N. ATLANTIC AVENUE
CAPE CANAVERAL FL 32920

10. Name and Address of New Registered Agent
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 _____ (Print Name of Registered Agent and Title) _____ (Print Name of Agent Signature Insured When Required) _____ DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	MCLOUTH, MALCOLM E.	
STREET ADDRESS	8680 N ATLANTIC AVE	
CITY-ST-ZIP	CAPE CANAVERAL FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	STARMER, WILLIAM E.	
STREET ADDRESS	8680 N ATLANTIC AVE	
CITY-ST-ZIP	CAPE CANAVERAL FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SMITH, EDWIN J.	
STREET ADDRESS	8680 N ATLANTIC AVE	
CITY-ST-ZIP	CAPE CANAVERAL FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DEEVERS, JUDITH C.	
STREET ADDRESS	8680 N ATLANTIC AVE	
CITY-ST-ZIP	CAPE CANAVERAL FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PEKER, JOHN A.	
STREET ADDRESS	8680 N. ATLANTIC AVE	
CITY-ST-ZIP	CAPE CANAVERAL FL	
TITLE	SRVD	<input type="checkbox"/> DELETE
NAME	KAZMIERCZAK, EUGENE J.	
STREET ADDRESS	8680 N ATLANTIC AVE	
CITY-ST-ZIP	CAPE CANAVERAL FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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: [Signature] **CEO** Date: **4-8-96** (407) 783-1320
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (12/95)