

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90140 013 \*\*\*\*61.25

0018826

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



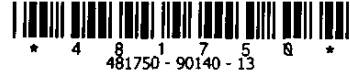
FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 734137**

1. Corporation Name  
**FLORIDA INSTITUTE OF TECHNOLOGY RESEARCH & ENGINEERING, INC.(FITRE)**

Principal Place of Business  
 % ROBERT C. BOWIE  
 150 W. UNIVERSITY BLVD.  
 MELBOURNE FL 32901-6988

Mailing Address  
 % ROBERT C. BOWIE  
 150 W. UNIVERSITY BLVD.  
 MELBOURNE FL 32901-6988



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Financial Affairs	10/22/1975	
22	City & State	27	150 W. University Blvd.	4. FEI Number	
23	Zip	28	Melbourne, FL	59-6046500	
24	Country	29	32901	Applied For	
		30	Brevard	Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
REVAY, ANDREW W., JR. 312 PALM COURT INDIALANTIC FL 32903				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable) 3669 Teakwood Court		
				83			
				84	City	FL	85 Zip Code
					Melbourne		32935

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTREM, RICHARD L	1.2 NAME	
STREET ADDRESS	150 W UNIVERSITY BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32901	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEAVER, LYNN E	2.2 NAME	
STREET ADDRESS	914 S RIVERSIDE DR	2.3 STREET ADDRESS	9780 S. Tropical Trail
CITY-ST-ZIP	INDIALANTIC FL 32903	2.4 CITY-ST-ZIP	Merritt Island, FL 32952
TITLE	SD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REVAY, ANDREW W., JR	3.2 NAME	
STREET ADDRESS	312 PALM COURT	3.3 STREET ADDRESS	3669 Teakwood Court
CITY-ST-ZIP	INDIALANTIC FL	3.4 CITY-ST-ZIP	Melbourne, FL 32935
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(l), 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 217, 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: Richard L. Bartrem SIGNATURE REQUIRED 4/29/99 (407) 674-7340  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)