

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **819875** (6)

1. Corporation Name

CENTER FOR APPLIED ENGINEERING, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -6 PM 2:13

Principal Place of Business

Mailing Address

4010 BOY SCOUT BLVD.
P.O. BOX 31075
TAMPA FL 33631-0075

4010 BOY SCOUT BLVD.
P.O. BOX 31075
TAMPA FL 33631-0075

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/01/1966** 3a. Date of Last Report **02/11/1994**

4. FEI Number **36-2599043** 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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DT
NAME	KRIEVER, R B
STREET ADDRESS	4010 BOY SCOUT BLVD
CITY- ST- ZIP	TAMPA FL
TITLE	D
NAME	ROSS, D M
STREET ADDRESS	4010 BOY SCOUT BLVD.
CITY- ST- ZIP	TAMPA FL
TITLE	S
NAME	ROBINSON, CHARLES E
STREET ADDRESS	4010 BOY SCOUT BLVD.
CITY- ST- ZIP	TAMPA FL
TITLE	AV
NAME	GALLANT, FRANK W.
STREET ADDRESS	4010 BOY SCOUT BLVD.
CITY- ST- ZIP	TAMPA FL
TITLE	V
NAME	GRAFTON, L G
STREET ADDRESS	4010 BOY SCOUT BLVD.
CITY- ST- ZIP	TAMPA FL
TITLE	DP
NAME	AULISIO, LORRAINE M
STREET ADDRESS	10301 9TH STR NO
CITY- ST- ZIP	ST PETERSBURG FL

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 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

R.B. Kriever

R.B. KRIEVER

1/23/95

813-873-4334

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone No.