

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 819875 (6)**

1. Corporation Name  
**CENTER FOR APPLIED ENGINEERING, INC.**



Principal Place of Business: **4010 BOY SCOUT BLVD. P.O. BOX 31075 TAMPA FL 33631-0075**  
Mailing Address: **4010 BOY SCOUT BLVD. P.O. BOX 31075 TAMPA FL 33631-0075**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/01/1966</b>	3a. Date of Last Report <b>02/06/1995</b>
21. State, Apt. #, etc.	26. State, Apt. #, etc.	4. FEI Number <b>36-2599043</b>		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contributor <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
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				10. Name and Address of New Registered Agent			
<b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City	<b>FL</b>	85. Zip Code	

11. Pursuant to the provisions of Sections 617.0102 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 607.0605, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Name of Registered Agent (print name when registering)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DT	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KRIEVER, R B		1.2 NAME		
STREET ADDRESS	4010 BOY SCOUT BLVD		1.3 STREET ADDRESS		
CITY, ST, ZIP	TAMPA FL		1.4 CITY, ST, ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROSS, D M		2.2 NAME		
STREET ADDRESS	4010 BOY SCOUT BLVD.		2.3 STREET ADDRESS		
CITY, ST, ZIP	TAMPA FL		2.4 CITY, ST, ZIP		
TITLE	S	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROBINSON, CHARLES E		3.2 NAME		
STREET ADDRESS	4010 BOY SCOUT BLVD.		3.3 STREET ADDRESS		
CITY, ST, ZIP	TAMPA FL		3.4 CITY, ST, ZIP		
TITLE	AV	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GALLANT, FRANK W.		4.2 NAME		
STREET ADDRESS	4010 BOY SCOUT BLVD.		4.3 STREET ADDRESS		
CITY, ST, ZIP	TAMPA FL		4.4 CITY, ST, ZIP		
TITLE	V	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRAFTON, L G		5.2 NAME		
STREET ADDRESS	4010 BOY SCOUT BLVD.		5.3 STREET ADDRESS		
CITY, ST, ZIP	TAMPA FL		5.4 CITY, ST, ZIP		
TITLE	DP	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AULISIO, LORRAINE M		6.2 NAME		
STREET ADDRESS	10301 9TH STR NO		6.3 STREET ADDRESS		
CITY, ST, ZIP	ST PETERSBURG FL		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)(g), 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 on an attachment with an address.

SIGNATURE: R. B. Kriever **R. B. Kriever** **813-873-4334**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)