

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

FILED

**Feb 04 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 33631-3075**

3. Date Incorporated or Qualified: **09/01/1966**
3a. Date of Last Report: **02/15/1996**
4. FEI Number: **36-2599043**
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, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

8. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		DELETE
TITLE	DT	<input type="checkbox"/>
NAME	KRIEVER, R B	
STREET ADDRESS	4010 BOY SCOUT BLVD	
CITY - ST - ZIP	TAMPA FL	
TITLE	DS	<input type="checkbox"/>
NAME	ROBINSON, CHARLES E	
STREET ADDRESS	4010 BOY SCOUT BLVD.	
CITY - ST - ZIP	TAMPA FL	
TITLE	AV	<input type="checkbox"/>
NAME	GALLANT, FRANK W.	
STREET ADDRESS	4010 BOY SCOUT BLVD.	
CITY - ST - ZIP	TAMPA FL	
TITLE	V	<input type="checkbox"/>
NAME	GRAFTON, L G	
STREET ADDRESS	4010 BOY SCOUT BLVD.	
CITY - ST - ZIP	TAMPA FL	
TITLE	DP	<input type="checkbox"/>
NAME	CLARK, KENDALL L.	
STREET ADDRESS	10301 9TH STR NO	
CITY - ST - ZIP	ST PETERSBURG FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

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 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: *R. B. Kriever* **R. B. KRIEVER** 1/22/97 813-873-4334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)