

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

FILED
Jun 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

3. Date Incorporated or Qualified
09/01/1966
 4. FEI Number **36-2598043** 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. 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 **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 *K S / n* *ant-sec.* *4/29/98*
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/P/T/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Stevens, James W.	
1.3 STREET ADDRESS	450 Park Ave., Sixth FL	
1.4 CITY-ST-ZIP	New York, NY 10022	
2.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Irwin, Kevin E.	
2.3 STREET ADDRESS	1800 Provident Tower, One E. 4th St.	
2.4 CITY-ST-ZIP	Cincinnati, OH 45202	
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 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: *K S / n* *ant-sec.* *4/29/98*

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