

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **848433** (9)

1. Corporation Name

**STRUCTURAL PRESERVATION SYSTEMS, INC.**



Principal Place of Business

3761 COMMERCE DR STE 414  
BALTIMORE MD 21227

Mailing Address

3761 COMMERCE DR STE 414  
BALTIMORE MD 21227

3. Date Incorporated or Qualified <b>03/10/1981</b>	3a. Date of Last Report <b>02/17/1995</b>
4. FEI Number <b>52-1071818</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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
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 of individual name of registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EMMONS, PETER H	1.2 NAME	
STREET ADDRESS	7530 DAMASCUS ROAD	1.3 STREET ADDRESS	
CITY-STATE-ZIP	GAITHERSBURG, MD 00000	1.4 CITY-STATE-ZIP	Zip - 20882
TITLE	VD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALENTE, GERALD	2.2 NAME	
STREET ADDRESS	4 CLIFF DR	2.3 STREET ADDRESS	
CITY-STATE-ZIP	ENGLEWOOD NJ	2.4 CITY-STATE-ZIP	Zip 07631
TITLE	S	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENAUS, SCOTT M.	3.2 NAME	
STREET ADDRESS	604 CONCERTO LN	3.3 STREET ADDRESS	6512 Apple Blossom Ride
CITY-STATE-ZIP	SILVER SPRING MD	3.4 CITY-STATE-ZIP	Columbia, MD 21044
TITLE	T	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FANGIO, DAN	4.2 NAME	
STREET ADDRESS	1271 BATTERY AVENUE	4.3 STREET ADDRESS	829 1/2 Sharp Street
CITY-STATE-ZIP	BALTIMORE MD	4.4 CITY-STATE-ZIP	Baltimore, MD 21230
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on any attachment with an address.

SIGNATURE:

Dan Fangio, Treasurer

410-247-1016

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)