

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

**APPROVED AND FILED**

95 MAY -1 AM 9:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **F93000002226 (9)**

1. Corporation Name  
**FLUID SYSTEMS CORPORATION**

Principal Place of Business Mailing Address  
**498 PALM SPRINGS DR., SUITE 100  
ALTAMONTE SPRINGS FL 32701**      **498 PALM SPRINGS DR., SUITE 100  
ALTAMONTE SPRINGS FL 32701**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/12/1993**      3a. Date of Last Report **05/01/1994**  
4. FEI Number **22-3011666**      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 § 199.932,  
Florida Statutes  Yes  No

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

9. Name and Address of Current Registered Agent  
**DOUCETTE, EUGENE  
498 PALM SPRINGS DR., SUITE 100  
ALTAMONTE SPRINGS FL 32701**

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 the 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 the present name of registered agent and the registered agent)      (Signature of new registered agent and the registered agent)      (Date)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>WIJMKRAN, GORAN</b>
STREET ADDRESS	<b>STUREPLAN 3</b>
CITY, ST, ZIP	<b>STOCKHOMM SW</b>
TITLE	<b>D</b>
NAME	<b>NIELD, ANDY S.</b>
STREET ADDRESS	<b>ANGLIAN HOUSE, AMBURY ROD</b>
CITY, ST, ZIP	<b>HUNTINDON CA</b>
TITLE	<b>D</b>
NAME	<b>MATTHEWS, PETER</b>
STREET ADDRESS	<b>ANGLIAN HOUSE, AMBURY RD</b>
CITY, ST, ZIP	<b>HUNTINDON CA</b>
TITLE	<b>P</b>
NAME	<b>SULTAN, STIG</b>
STREET ADDRESS	<b>10054 OLD GROVE RD</b>
CITY, ST, ZIP	<b>SAN DIEGO CA</b>
TITLE	<b>D</b>
NAME	<b>NARDOZZI, ANTHONY</b>
STREET ADDRESS	<b>5301 LIMESTONE RD STE 126</b>
CITY, ST, ZIP	<b>WILMINGTON DE</b>
TITLE	<b>ST</b>
NAME	<b>COLLINS, WILLIAM L.</b>
STREET ADDRESS	<b>10054 OLD GROVE RD</b>
CITY, ST, ZIP	<b>SAN DIEGO CA</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(9)(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 registrar 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: W L Collins      William L Collins      2/16/95      619)895-3840  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR      Date      (Optional)