

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F95000005601 (8)**

1. Corporation Name
FIAT LUX RESEARCH, INC.



Principal Place of Business: 1817 W. CALL STREET #C-11 TALLAHASSEE FL 32304
Mailing Address: 1817 W. CALL STREET #C-11 TALLAHASSEE FL 32304

3. Date Incorporated or Qualified: 11/15/1995
3a. Date of Last Report: n/a
4. FET Number: APPLIED FOR 59-3342199
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. 5126 Woodlane Circle, Suite C, Tallahassee, FL 32303, USA
2a. Mailing Address: 26. 5126 Woodlane Circle, Suite C, Tallahassee, FL 32303, USA

9. Name and Address of Current Registered Agent: REYBURN, DAVID, 1817 W. CALL STREET, #C-11, TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent: 81. Name: Nick Providakis, 82. Street Address: 6507 Montrose Trail, 83. City: Tallahassee, FL 84. State: FL, 85. Zip Code: 32308

11. Pursuant to the provisions of Sections 607.0502 and 607.1501, 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 607.0501, Florida Statutes.

SIGNATURE: *Nick Providakis* Nick Providakis VSTD January 23, 1996

12. OFFICERS AND DIRECTORS

1. TITLE	PD	<input type="checkbox"/> DELETE
2. NAME	RAYBURN, DAVID	
3. STREET ADDRESS	1817 W. CALL STREET #C-11	
4. CITY, ST, ZIP	TALLAHASSEE FL	
1. TITLE	VSTD	<input type="checkbox"/> DELETE
2. NAME	PROVIDAKIS, NICHOLAS	
3. STREET ADDRESS	1817 W. CALL STREET #C-11	
4. CITY, ST, ZIP	TALLAHASSEE FL	
1. TITLE	D	<input type="checkbox"/> DELETE
2. NAME	DRAPER, TIMOTHY	
3. STREET ADDRESS	400 SEAPORT COURT, #250	
4. CITY, ST, ZIP	REDWOOD CITY CA	
1. TITLE		<input type="checkbox"/> DELETE
2. NAME		
3. STREET ADDRESS		
4. CITY, ST, ZIP		
1. TITLE		<input type="checkbox"/> DELETE
2. NAME		
3. STREET ADDRESS		
4. CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS		
4. CITY, ST, ZIP		
1. TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS	6507 Montrose Trail	
4. CITY, ST, ZIP	Tallahassee, FL 32308	
1. TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		correction
3. STREET ADDRESS		
4. CITY, ST, ZIP		
1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS		
4. CITY, ST, ZIP		
1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS		
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 199.03(3)(k), Florida Statutes. I further certify that the information included 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 change 1 or an attachment with an address.

SIGNATURE: *Nick Providakis* Jan. 23, 1996 (904) 562-4252

CR2E034 (12/95)