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**May 27 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 # F95000005601 (8)

1. Corporation Name
FIAT LUX RESEARCH, INC.



Principal Place of Business
**5126 WOODLANE CIRCLE
SUITE C
TALLAHASSEE FL 32303
US**

Mailing Address
**5126 WOODLANE CIRCLE
SUITE C
TALLAHASSEE FL 32303-6812
US**

3. Date Incorporated or Qualified **11/15/1995** 3a. Date of Last Report **01/26/1996**

4. FEI Number **APPLIED FOR 59-3342199** 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**

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes 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 Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent
**PROVIDAKIS, NICK
6507 MONTROSE TRAIL
TALLAHASSEE FL 32308**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
2416 Jackson Bluff Rd Apt. B-1

83

84 City **Tallahassee** FL 85 Zip Code **32304**

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 *Nick Providakis* **Nick Providakis Vice President** DATE **5/1/97**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **PD RAYBURN, DAVID**

STREET ADDRESS **1817 W. CALL STREET #C-11**

CITY, ST, ZIP **TALLAHASSEE FL**

TITLE DELETE

NAME **VSTD PROVIDAKIS, NICHOLAS**

STREET ADDRESS **6507 MONTROSE TRAIL**

CITY, ST, ZIP **TALLAHASSEE FL**

TITLE DELETE

NAME **CD DRAPER, TIMOTHY**

STREET ADDRESS **400 SEAPORT COURT, #250**

CITY, ST, ZIP **REDWOOD CITY CA**

TITLE DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS **1817 W. Call St. # B-19**

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS **2416 Jackson Bluff Rd. # B-1**

2.4 CITY-ST-ZIP **Tallahassee, FL 32304**

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

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: *Nick Providakis* **Nick Providakis Vice President** DATE **5/1/97** Daytime Phone **562-4252**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)