

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H97211** (7)

1. Corporation Name

AUTOMATED PROCESS ENGINEERING, INC.



Principal Place of Business

Mailing Address

C/O DONALD F. WELLS
9477 BELLEWOOD STREET
PALM BEACH GARDENS FL 33410

C/O DONALD F. WELLS
9477 BELLEWOOD STREET
PALM BEACH GARDENS FL 33410

3. Date Incorporated or Qualified **02/03/1986** 3a. Date of Last Report **02/13/1995**

21. Principal Place of Business
9477 Bellewood St
Suite, Apt. #, etc.

22. Mailing Address
P.O. Box 211 73
Suite, Apt. #, etc.

4. FEI Number **59-2776257** Applied For Not Applicable

23. City & State
Palm Beach Gardens, FL

24. City & State
Palm Beach Gardens, FL

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24. Zip **33410** 25. Country **USA**

29. Zip **33420** 30. Country **USA**

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WELLS, DONALD F.
9477 BELLEWOOD ST.
PALM BEACH GARDENS FL 33410**

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

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PTD (PRES & Secy & TREAS.) <input type="checkbox"/> DELETE
NAME	WELLS, DONALD F. CHAIRMAN Bd OF DIR.
STREET ADDRESS	9477 BELLEWOOD ST.
CITY-ST-ZIP	PALM BEACH GDNS. FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
1.1 TITLE	VICE PRES. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	KEN WELLS
1.3 STREET ADDRESS	10902 KENBROOK DR.
1.4 CITY-ST-ZIP	RIVERVIEW FL 33569
2.1 TITLE	ASSISTANT CHAIRMAN Bd OF DIRECTORS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MARCEL B. WELLS
2.3 STREET ADDRESS	9477 BELLEWOOD ST.
2.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL, 33410
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 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 an attachment with an address.

SIGNATURE: Donald F. Wells [DONALD F. WELLS]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/96 407-622-9245
Date Daytime Phone #

CR2E034 (12/95)