

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L45774** (1)

1. Corporation Name
ONBOARD ENGINEERING SERVICES, INC.



Principal Place of Business: **1323 SE 17TH ST SUITE 238 FT LAUDERDALE FL 33316 US**
Mailing Address: **C/O ACCTG & BUSINESS CONSLTS 790 E BROWARD BLVD. SUITE 302 FT LAUDERDALE FL 33301**

3. Date Incorporated or Qualified 01/29/1990	3a. Date of Last Report 03/08/1995
4. FEI Number 65-0171554	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**GALAVITZ, DONALD M.
1323 SE 17TH STREET, #238
#238
FT LAUDERDALE FL 33316**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	85. Zip Code

11. Pursuant to the provisions of Sections 607.0607 and 607.1506, 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: _____ Date: _____
Print Name of Registered Agent: _____

12. OFFICERS AND DIRECTORS

12. NAME	<input type="checkbox"/> DELETE
12. STREET ADDRESS	
12. CITY, STATE, ZIP	
12. NAME	<input type="checkbox"/> DELETE
12. STREET ADDRESS	
12. CITY, STATE, ZIP	
12. NAME	<input type="checkbox"/> DELETE
12. STREET ADDRESS	
12. CITY, STATE, ZIP	
12. NAME	<input type="checkbox"/> DELETE
12. STREET ADDRESS	
12. CITY, STATE, ZIP	
12. NAME	<input type="checkbox"/> DELETE
12. STREET ADDRESS	
12. CITY, STATE, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, STATE, ZIP	
13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, STATE, ZIP	
13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, STATE, ZIP	
13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, STATE, ZIP	
13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 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 recorder 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 attached sheet with an address.

SIGNATURE: *Donald M. Galavitz, Pres.* Feb 26, 1996 **305-494-1300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Filed

CR2E034 (12/95)