

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 15 9 33

DOCUMENT # P24985 (4)

1. Corporation Name
AMPRO SYSTEMS CORPORATION

Principal Place of Business	Mailing Address
525 JOHN RODES BLVD. MELBOURNE FL 32934	525 JOHN RODES BLVD. MELBOURNE FL 32934

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 06/30/1989	3a. Date of Last Report 04/15/1994
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Country	25 Zip
29 Country	30 Zip

4. FBI Number 59-3033075	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. 189.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**MUTCHLER, DAVID K.
525 JOHN RODES BLVD.
MELBOURNE FL 32934**

10. Name and Address of New Registered Agent

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

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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MUTCHLER, DAVID K.
STREET ADDRESS	525 JOHN RODES BLVD.
CITY - ST - ZIP	MELBOURNE FL 32934
TITLE	STV
NAME	GONZALEZ, JOSEPH M.
STREET ADDRESS	525 JOHN RODES BLVD.
CITY - ST - ZIP	MELBOURNE FL 32934
TITLE	CD
NAME	TRIPPE, CHARLES W.
STREET ADDRESS	525 JOHN RODES BLVD.
CITY - ST - ZIP	MELBOURNE FL 32934
TITLE	D
NAME	TURNER, JOHN G.
STREET ADDRESS	45 MILK ST.
CITY - ST - ZIP	BOSTON MA 02109
TITLE	D
NAME	PERUTZ, GERALD
STREET ADDRESS	6019 WEST HOWARD ST.
CITY - ST - ZIP	NILES IL 60648
TITLE	D
NAME	OGLETHORPE, RAY
STREET ADDRESS	629 LAKE DR.
CITY - ST - ZIP	VERO BEACH FL 32963

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	D
1.4 CITY - ST - ZIP	DOUGLAS L ATER 300 FIRST STAMFORD PLACE STAMFORD, CONN 06902
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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 110.07(3)(b), 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: *Joseph M. Gonzalez* **JOSEPH M. GONZALEZ** **JUNE 7 1995** (407) 254-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
V.P. CONTROLLER
 Date: _____
 Office: _____
877 332
 0816031 CP

CR2E034 (3/95)