

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P24985 (4)
1. Corporation Name
AMPRO SYSTEMS CORPORATION



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

3. Date Incorporated or Qualified: **06/30/1989**
3a. Date of Last Report: **06/14/1995**
4. FEI Number: **59-3033075**
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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

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: AYER, DOUGLAS L. 82 Street Address (P.O. Box Number is Not Acceptable): 300 FIRST STAMFORD PLACE STAMFORD CT 83 City: 84 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: _____ (NOTE: Registered Agent signature required when transferring) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	ATER, DOUGLAS L <input type="checkbox"/> DELETE	1.1 TITLE: D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	AYER, DOUGLAS L
NAME: ATER, DOUGLAS L	300 FIRST STAMFORD PLACE	1.2 NAME: AYER, DOUGLAS L	300 FIRST STAMFORD PLACE
STREET ADDRESS: 300 FIRST STAMFORD PLACE	STAMFORD CO	1.3 STREET ADDRESS: 300 FIRST STAMFORD PLACE	STAMFORD CT
CITY-ST-ZIP: STAMFORD CO		1.4 CITY-ST-ZIP: STAMFORD CT	
TITLE: STV	GONZALEZ, JOSEPH M. <input type="checkbox"/> DELETE	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: GONZALEZ, JOSEPH M.	525 JOHN RODES BLVD.	2.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 525 JOHN RODES BLVD.	MELBOURNE FL 32934	2.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP: MELBOURNE FL 32934		2.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: CD	TRIPPE, CHARLES W. <input type="checkbox"/> DELETE	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: TRIPPE, CHARLES W.	525 JOHN RODES BLVD.	3.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 525 JOHN RODES BLVD.	MELBOURNE FL 32934	3.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP: MELBOURNE FL 32934		3.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: D	TURNER, JOHN G. <input type="checkbox"/> DELETE	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: TURNER, JOHN G.	45 MILK ST.	4.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 45 MILK ST.	BOSTON MA 02109	4.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP: BOSTON MA 02109		4.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: D	PERUTZ, GERALD <input type="checkbox"/> DELETE	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: PERUTZ, GERALD	6019 WEST HOWARD ST.	5.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 6019 WEST HOWARD ST.	NILES IL 60648	5.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP: NILES IL 60648		5.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: D	OGLETHORPE, RAY <input type="checkbox"/> DELETE	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: OGLETHORPE, RAY	629 LAKE DR.	6.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 629 LAKE DR.	VERO BEACH FL 32963	6.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP: VERO BEACH FL 32963		6.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: *Joseph M. Gonzalez* VP & Controller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: **(407) 254-3000 x332**
Daytime Phone #

CR2E034 (12/95)