

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 23 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 # **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 32934-9103**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/30/1989	3a. Date of Last Report 01/22/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3033075	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, 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
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	AYER, DOUGLAS L.	
STREET ADDRESS	300 FIRST STAMFORD PLACE	
CITY-ST-ZIP	STAMFORD CT	
TITLE	STV	<input type="checkbox"/> DELETE
NAME	GONZALEZ, JOSEPH M.	
STREET ADDRESS	525 JOHN RODES BLVD.	
CITY-ST-ZIP	MELBOURNE FL 32934	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	TRIPPE, CHARLES W.	
STREET ADDRESS	525 JOHN RODES BLVD.	
CITY-ST-ZIP	MELBOURNE FL 32934	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TURNER, JOHN G.	
STREET ADDRESS	45 MILK ST.	
CITY-ST-ZIP	BOSTON MA 02109	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PERUTZ, GERALD	
STREET ADDRESS	6019 WEST HOWARD ST.	
CITY-ST-ZIP	NILES IL 60648	
TITLE	D	<input checked="" type="checkbox"/> DELETE
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 type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" 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	800002156198
3.3 STREET ADDRESS	-04/28/97--01020--040
3.4 CITY-ST-ZIP	***173.75
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	800002156198
4.3 STREET ADDRESS	-04/28/97 01020 000
4.4 CITY-ST-ZIP	***173.75
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 checked="" type="checkbox"/> Addition
6.2 NAME	VS JAMES F. OTT
6.3 STREET ADDRESS	525 JOHN RODES BLVD
6.4 CITY-ST-ZIP	MELBOURNE FL 32934

4/23/97

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: _____ DATE: **15 APR 97** DAYTIME PHONE #: **407-264-7000**

0103369

CR2E034 (9/96)