

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

SE MAY -1 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000006457 (3)**

1. Corporation Name

YOVAISH ENGINEERING SCIENCES, INC.

Principal Place of Business 1264 LEATHERWOOD DR. ALTAMONTE SPRINGS FL 32714	Mailing Address 1264 LEATHERWOOD DR. ALTAMONTE SPRINGS FL 32714
---	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/18/1994	3a. Date of Last Report
--	-------------------------

21. Principal Place of Business 970 SUNSHINE LANE	26. Mailing Address 970 SUNSHINE LANE	4. FEI Number 59-32181499	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc. K	27. Suite, Apt. #, etc. K	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State ALTAMONTE SPRINGS	28. City & State ALTAMONTE SPRINGS	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip 32714	25. County SEMINOLE	29. Zip 32714	30. County SEMINOLE

7. This Corporation has liability for misapplying tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent YOVAISH, DOUGLAS J 1264 LEATHERWOOD DR. ALTAMONTE SPRINGS FL 32714	10. Name and Address of New Registered Agent
	B1. Name
	B2. Street Address (P.O. Box Number is Not Acceptable)
	B3.
	B4. City
	B5. 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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		1. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		12. NAME	PRESIDENT
STREET ADDRESS		13. STREET ADDRESS	YOVAISH, DOUGLAS J.
CITY, ST, ZIP		14. CITY, ST, ZIP	1264 LEATHERWOOD DR. ALTAMONTE SPRINGS, FL 32714
TITLE		21. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		22. NAME	VICE PRESIDENT
STREET ADDRESS		23. STREET ADDRESS	HEARN, DOUGLAS J.
CITY, ST, ZIP		24. CITY, ST, ZIP	32143 WOLF CREEK LANE SEBRING, FL 32776
TITLE		31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY, ST, ZIP		34. CITY, ST, ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY, ST, ZIP		44. CITY, ST, ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, ST, ZIP		54. CITY, ST, ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY, ST, ZIP		64. 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(2)(b), Florida Statutes. I further certify that the information appearing 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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 887, Florida Statutes, and that my name appears in Block 12 or Block 13 in this report or in an attachment with an address.

SIGNATURE:  **Douglas J. Hearn** 4/27/95 (402) 774-9383