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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

P94000011186 (1)

APPLICATIONS ENGINEERING GROUP, INC.

Principal Place of Business

Mailing Address

2a. Mailing Address

City & State

32250

Zip

27

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9. Name and Address of Current Registered Agent

12643 E. HIDDEN CIRCLE JACKSONVILLE FL 32225

2. Principal Place of Business

25

HAKIM, TOUFIC M PH.D.

JACKSONVILLE FL 32225

12643 EAST HIDDEN CIRCLE

Suite, Apt. #, etc.

City & State

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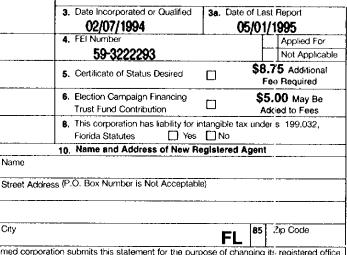
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3536 UNIVERSITY BLVD., NORTH **SUITE 118** JACKSONVILLE FL 32211

26 1713 Penman Road

Jackson ville Beac

Suite, Apt. #, etc.



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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agont signature required when reinstaling) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE THILE Addition 1.1 TITLE Change . THOMAS C. BODDORFF P.E. NAME 1.2 NAME 1008 E. RIVIERA BLVD STHEET ADDRESS 1.3 STREET ADDRESS OMEDO FL 32765 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE S.T. Addition TITLE VΡ 2.1 TITLE Change NAME ORIAN P. KEIFEN P.E. 2.2 NAME STREET ADDRESS 105 RITA RAE LAINE 2.3 STREET ADDRESS JACKSONVILLE BCH FL 32250 CHY-ST-ZIP 24 CITY - ST - ZIP ٧P TITLE DELETE Change 3. 1 TITLE ☐ Addition NAME TOUFIC M. HAKIM 3.2 NAME 12643 HIDDEN CIR STREET ADDRESS 3.3 STREET ADDRESS JACKSONVILLE FL 32225 CITY - ST - ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE ☐ Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP THIE DELETE 5 1 TITLE ☐ Change Add tion NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CHY-ST-ZIP 5 4 CITY-ST-ZIP TITLE DELETE 6 1 THILE ☐ Change Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CHTY - ST - ZIP 6.4 CITY-ST-ZIP

FI

Country

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B4 City

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14. I do hereby certify that the infogration 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 included on this acquair effort on supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or predict 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 ent with an address

SIGNATURE:

(12/95)CR2E034