

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000002827 (0)

1. Corporation Name

APPLIED TECHNICAL RESEARCH, INC.



Principal Place of Business

Mailing Address

1701 NW MADRID WAY  
BOCA RATON FL 33432-1732

1701 NW MADRID WAY  
BOCA RATON FL 33432-1732

3. Date Incorporated or Qualified 01/09/1995  
3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number Applied For Not Applicable

5. Certificate of Status Desired [X] \$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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KENNEDY, WALLACE W ESO  
9104 GLENMOOR DRIVE  
WEST PALM BEACH FL 33409

81 Name KATZ, HARVEY  
82 Street Address (P.O. Box Number is Not Acceptable) 1701 NW Madrid Way  
83  
84 City Boca Raton FL 85 Zip Code 33432

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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

*[Handwritten Signature]*

*July 10, 1996*

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	DELETE
NAME	KATZ, HARVEY	
STREET ADDRESS	1701 NW MADRID WAY	
CITY-ST-ZIP	BOCA RATON FL 33432-1732	
TITLE	D	DELETE
NAME	IOVINO, CLAUDIA	
STREET ADDRESS	1701 NW MADRID WAY	
CITY-ST-ZIP	BOCA RATON FL 33432-1732	
TITLE	D	DELETE
NAME	ROBERTS, JOHN	
STREET ADDRESS	1701 NW MADRID WAY	
CITY-ST-ZIP	BOCA RATON FL 33432-1732	
TITLE	D	DELETE
NAME	KENNEDY, WALLACE W	
STREET ADDRESS	9104 GLENMOOR DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE		Change	Addition
12 NAME			
13 STREET ADDRESS			
14 CITY-ST-ZIP			
21 TITLE		Change	Addition
22 NAME			
23 STREET ADDRESS			
24 CITY-ST-ZIP			
31 TITLE		Change	Addition
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE		Change	Addition
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE		Change	Addition
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE		Change	Addition
62 NAME			
63 STREET ADDRESS			
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(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*July 10, 1996* 561 750-6708

CR2E034 (3/96)