

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V18419 (4)**

1. Corporation Name

**COMPOSITES EDUCATION ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

7705 TECHNOLOGY DR.  
W. MELBOURNE FL 32904  
US

PO BOX 130  
MELBOURNE FL 32902  
US

3. Date Incorporated or Qualified

03/02/1992

3a. Date of Last Report

04/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3115674

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$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

HELBLING, PATRICIA A  
7705 TECHNOLOGY DR.  
W. MELBOURNE FL 32904

10. Name and Address of New Registered Agent

81

Name **CYR, PATRICIA A.**

82

Street Address (P.O. Box Number is Not Acceptable)

83

84

City

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

*Patricia A. Cyr* PATRICIA A. CYR, PRESIDENT

4/4/96

Signature, typed or printed name of registered agent and the filer (date)

(NOTE: Registered Agent's signature required when re-registering)

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

TITLE

CEO

DELETE

NAME

REICHARD, RONNAL P.

STREET ADDRESS

788 ACACIA AVE

CITY-ST-ZIP

MELBOURNE VILLAGE FL

TITLE

PS

DELETE

NAME

HELBLING, PATRICIA A

STREET ADDRESS

9025 YORK LANE #11F

CITY-ST-ZIP

W MELBOURNE FL

TITLE

VPT

DELETE

NAME

LEWIT, SCOTT M

STREET ADDRESS

2225 COREY RD

CITY-ST-ZIP

MALABAR FL

TITLE

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

D

Change

Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

D

Change

Addition

2.2 NAME

CYR, PATRICIA A.

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

D

Change

Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

Change

Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

Change

Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

Change

Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Patricia A. Cyr* PATRICIA A. CYR  
PRESIDENT

4/4/96 (407) 951-9464

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Da/De e Phone #

CR2E034 (12/95)