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

FILED

Secretary of State

1/31/96

(407) 254-9721 Daytinie Phone #

Feb 07 1996 8:00 am

DIVISION OF CORPORATIONS

DOCUMENT #

SIGNATURE:

222918

(5)

OUTLAW ENGINEERING ASSOCIATES, INC.						
Principal Place	of Business	Mailing Address				OT 1891 BLOST BISH SISH SISH SISH BISH BISH IS
	H HARBOR CITY BOULEVARD IE FL 32935		1222 NORTH HARBOR CITY BOULEVARD MELBOURNE FL 32935			
		-			3. Date Incorporated or Qualified 04/29/1959	3a. Date of Last Report 01/19/1995
_2, Principal Pk 21	ice of Business	2a. Mailing Address			4. FEI Number	Applied For
Suite, Apt. #, etc		Suite, Apt. #, etc.			59-0867329	Not Applicable
2		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Ro	
23 Zip	Country	28	Country		Trust Fund Contribution	Added to Fees
24	25 29		30		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes \(\bigcap \text{No}\)	
	9. Name and Address of Curre	rt Registered Agent			10. Name and Address of New Ri	
ОПТІА	W, BEVILLE S. JR		81	Name		
	W, DEVILLE S, JR HARBOR CITY BLVD		82	Street Add	ress (P.O. Box Number is Not Acceptabl	e)
	URNE FL 32935		83			
			84	City		
44 87 7 751				•	ration submits this statement for the purp	FL 85 Zip Code
S GNATURE 112. 1 ILE NAME S'RELLA ADDRESS	OFFICERS AN PD OUTLAW, BEVILLE S, JR 1222 N. HARBOR CITY BLY	D DIRECTORS	13. 1.1 TITLE 1.2 NAME		d when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTORS IN 12 Change Addition
CHY-ST ZIII	MELBOURNE FL		1.4 CHY-SI	í		
10t	ST DELETE		2 1 THILE	211		☐ Change ☐ Addition
NAME STREET ADURESS CHY-ST-ZIP	Outlaw, David G. 1222 N. Harbor City Blvd Melbourne Fl		2 2 NAME 2 3 STREET ADDRESS 2 4 CITY-ST-ZIP			
TILLE	V DELETE		3 1 TITLE		☐ Change ☐ Addition	
NAME STHEET ADDRESS OFTY-ST-ZP	RICE, JOHN B 1222 N. HARBOR CITY BLVI) MELBOURNE FL		32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP			
TILLE NAME SUBSETT ADDRESS		☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET A			☐ Change ☐ Addition
CHY-ST-ZH- HT_E NAME		☐ DELETE	44 CITY-ST 5 1 TITLE 52 NAME	- ZIP		Change Addition
STREET ADDRESS			5 3 STREET A	1		
THEFT ADDRESS ONLY SE ZIP	© DELETE 6 6		6 1 TITLE 62 NAME 63 STREET A 64 CITY-ST	DDRESS		☐ Change ☐ Addition
14. I do hereby certify that t oath; that I	am an officer or director of the coro	with his filing is voluntarily furnical disport or supplemental annu- lation or the receiver of trustee or an attachment with in addi-	shed and does al report is true empowered to	not qualify fo	or the exemption stated in Section 119.0 te and that my signature shall have the sa s report as required by Chapter 607, Flori	'(3)(k), Florida Statutes. I further ame legal effect as if made under da Statutes; and that my name