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Jan 16 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 266624 (6)

1. Corporation Name  
DBA SYSTEMS, INC.

Principal Place of Business  
1200 S WOODY BURKE RD.  
P O BOX 550  
MELBOURNE FL 32902-0550

Mailing Address  
1200 S WOODY BURKE RD.  
P O BOX 550  
MELBOURNE FL 32902-0550



3. Date Incorporated or Qualified 01/30/1983  
3a. Date of Last Report 01/29/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-0996417		Applied For	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.				Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

ROBERTSON, CHARLES B.  
1200 S WOODY BURKE RD.  
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

81 Name	
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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPDT	1.1 TITLE	Director
NAME	SLACK, JOHN L.	1.2 NAME	Thomas J. Boyce
STREET ADDRESS	1200 S. WOODY BURKE ROAD	1.3 STREET ADDRESS	1200 S. WOODY BURKE ROAD
CITY-ST-ZIP	MELBOURNE FL	1.4 CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	D	2.1 TITLE	
NAME	BOYD, JOSEPH A.	2.2 NAME	
STREET ADDRESS	1800 W. HIBISCUS BLVD., STE. 137	2.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	WEAVER, LYNN E., DR.	3.2 NAME	
STREET ADDRESS	150 W UNIVERSITY BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	ELLSWORTH, ROBERT F.	4.2 NAME	
STREET ADDRESS	818 CONNECTICUT AVE., N.W. STE.800	4.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	POTTER, WILLIAM	5.2 NAME	
STREET ADDRESS	700 S. BABCOCK STREET, 4TH FLOOR	5.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: CHARLES B. ROBERTSON 1-8-07 1-727-0660  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0100575

CR2E034 (9/96)