

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **370950** (8)
1. Corporation Name
ECONOMETRICS CORPORATION



Principal Place of Business: **1555 WILBAR CIRCLE PO BOX 1515 (ZIP 32790) WINTER PARK FL 32789**
Mailing Address: **1555 WILBAR CIRCLE PO BOX 1515 (ZIP 32790) WINTER PARK FL 32789**

3. Date Incorporated or Qualified: **09/25/1970**
3a. Date of Last Report: **03/14/1995**
4. FEI Number: **59-1405193**
5. Certificate of Status Desired: \$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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
Suite, Apt. #, etc.
City & State
Zip Country

9. Name and Address of Current Registered Agent
**KESSLER MARTIN D
1555 WILBAR CIRCLE
WINTER PARK FL 32789**

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: _____
Signature of Corporation Officer or Director (Block 12) or Registered Agent (Block 10) is required when registering.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD KESSLER MARTIN D 1555 WILBAR CIRCLE WINTER PARK FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE
NAME			PD KESSLER, CHRISTOPHER M 1555 WILBAR CIRCLE WINTER PARK, FL. 32789
STREET ADDRESS			1.2 NAME
CITY-ST-ZIP			1.3 STREET ADDRESS
TITLE	T KESSLER, MARTIN D. 1555 WILBAR CIRCLE WINTER PARK FL	<input checked="" type="checkbox"/> DELETE	1.4 CITY-ST-ZIP
NAME			2.1 TITLE
STREET ADDRESS			T KESSLER, DEVON M 1555 WILBAR CIRCLE WINTER PARK, FL. 32789
CITY-ST-ZIP			2.2 NAME
TITLE	VD BENNETT, JOAN H. 1555 WILBAR CRCL. WINTER PARK FL	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS
NAME			2.4 CITY-ST-ZIP
STREET ADDRESS			3.1 TITLE
CITY-ST-ZIP			3.2 NAME
TITLE	VD EVANS, E. KIM 1555 WILBAR CIRCLE WINTER PARK FL	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS
NAME			3.4 CITY-ST-ZIP
STREET ADDRESS			4.1 TITLE
CITY-ST-ZIP			4.2 NAME
TITLE		<input type="checkbox"/> DELETE	4.3 STREET ADDRESS
NAME			4.4 CITY-ST-ZIP
STREET ADDRESS			5.1 TITLE
CITY-ST-ZIP			5.2 NAME
TITLE		<input type="checkbox"/> DELETE	5.3 STREET ADDRESS
NAME			5.4 CITY-ST-ZIP
STREET ADDRESS			6.1 TITLE
CITY-ST-ZIP			6.2 NAME
TITLE		<input type="checkbox"/> DELETE	6.3 STREET ADDRESS
NAME			6.4 CITY-ST-ZIP
STREET ADDRESS			
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 included 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: *Chris Kessler*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CHRISTOPHER M. KESSLER

1-17-1996 407-645-3113
Date Date of Filing

CR2E034 (12/95)