

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 556127 (9)

1. Corporation Name
STOTTLER STARMER INTERNATIONAL, ARCHITECTS, ENGINEERS, PLANNERS, INC.



Principal Place of Business 8680 N ATLANTIC AVE CAPE CANAVERAL FL 32920	Mailing Address P.O. BOX 1630 CAPE CANAVERAL FL 32920-1630 US
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3. Date Incorporated or Qualified 12/28/1977	3a. Date of Last Report 04/24/1996
4. FEI Number 59-1989217	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 189.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country 30
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9. Name and Address of Current Registered Agent STOTTLER, JR., RICHARD H. 8680 N ATLANTIC AVE CAPE CANAVERAL FL 32920	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STARMER, WILLIAM E.		1.2 NAME	
STREET ADDRESS 8680 N ATLANTIC AVE		1.3 STREET ADDRESS	
CITY-ST-ZIP CAPE CANAVERAL FL		1.4 CITY-ST-ZIP	
TITLE V	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SMITH, EDWIN J.		2.2 NAME	
STREET ADDRESS 8680 N ATLANTIC AVE		2.3 STREET ADDRESS 8680 N. ATLANTIC AVE	
CITY-ST-ZIP CAPE CANAVERAL FL		2.4 CITY-ST-ZIP CAPE CANAVERAL, FL 32920	
TITLE VD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PEKAR, JOHN A.		3.2 NAME	
STREET ADDRESS 8680 N ATLANTIC AVE		3.3 STREET ADDRESS	
CITY-ST-ZIP CAPE CANAVERAL FL		3.4 CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DEEVERS, JUDITH C.		4.2 NAME	
STREET ADDRESS 8680 N ATLANTIC AVE		4.3 STREET ADDRESS	
CITY-ST-ZIP CAPE CANAVERAL FL		4.4 CITY-ST-ZIP	
TITLE DCEO	<input type="checkbox"/> DELETE	5.1 TITLE DCEOT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STOTTLER, RICHARD H. JR.		5.2 NAME	
STREET ADDRESS 8680 N ATLANTIC AVE		5.3 STREET ADDRESS	
CITY-ST-ZIP CAPE CANAVERAL FL		5.4 CITY-ST-ZIP	
TITLE DSRV	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCLOUTH, MALCOLM E.		6.2 NAME	
STREET ADDRESS 8680 N ATLANTIC AVE		6.3 STREET ADDRESS	
CITY-ST-ZIP CAPE CANAVERAL FL		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: _____ (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) DATE: _____ DAYTIME PHONE #: _____

CR2E034 (9/96)