

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

FILED

Jun 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 819875 (6)
1. Corporation Name
CENTER FOR APPLIED ENGINEERING, INC.



Principal Place of Business Mailing Address
4010 BOY SCOUT BLVD. 4010 BOY SCOUT BLVD.
P.O. BOX 31075 P.O. BOX 31075
TAMPA FL 33631-0075 TAMPA FL 33631-0075

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

3. Date Incorporated or Qualified 09/01/1966	
4. FEI Number 36-2599043	Applied For Not Applicable
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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		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

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 *K S / n* *ant-sec.* *4/29/98*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	OT KRIEVER, R B	1.1 TITLE	D/P/T/S
NAME	4010 BOY SCOUT BLVD	1.2 NAME	Stevens, James W.
STREET ADDRESS	TAMPA FL	1.3 STREET ADDRESS	450 Park Ave., Sixth FL
CITY-ST-ZIP		1.4 CITY-ST-ZIP	New York, NY 10022
TITLE	DS ROBINSON, CHARLES E	2.1 TITLE	AS
NAME	4010 BOY SCOUT BLVD.	2.2 NAME	Irwin, Kevin E.
STREET ADDRESS	TAMPA FL	2.3 STREET ADDRESS	1800 Provident Tower, One E. 4th St.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Cincinnati, OH 45202
TITLE	AV GALLANT, FRANK W.	3.1 TITLE	
NAME	4010 BOY SCOUT BLVD.	3.2 NAME	
STREET ADDRESS	TAMPA FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	V GRAFTON, L G	4.1 TITLE	
NAME	4010 BOY SCOUT BLVD.	4.2 NAME	
STREET ADDRESS	TAMPA FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	DP CLARK, KENDALL L.	5.1 TITLE	
NAME	10301 9TH STR NO	5.2 NAME	
STREET ADDRESS	ST PETERSBURG FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 *K S / n* *ant-sec.* *4/29/98*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

CR2E034 (10/97)