

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **841035** (9)

1. Corporation Name

ATLANTIC SCIENTIFIC CORPORATION



Principal Place of Business

Mailing Address

4300 FORTUNE PLACE
SUITE A
MELBOURNE FL 32904

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MELBOURNE FL 32904

3. Date Incorporated or Qualified
07/10/1978

3a. Date of Last Report
04/24/1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-1772576

Applied For
Not Applicable

21. State, Apt. #, etc

26. Suite, Apt. #, etc

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22. City & State

27. City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23. Zip

25. Country

28. Zip

30. Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HEITSCH, JAMES R.
4300 FORTUNE PLACE
SUITE A
W. MELBOURNE FL 32904**

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

Signature of the person or persons designated as registered agent and the date

(If FEI Registered Agent Signature required, enter the following)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD	<input type="checkbox"/> DELETE
NAME	SALMON, S.	
STREET ADDRESS	4300 FORTUNE PLACE; SUITE A	
CITY-STATE-ZIP	W. MELBOURNE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HUDSON, LACEY A	
STREET ADDRESS	4300 FORTUNE PLACE, STE. A	
CITY-STATE-ZIP	W. MELBOURNE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BIRD, ANTHONY O	
STREET ADDRESS	4300 FORTUNE PLACE; SUITE A	
CITY-STATE-ZIP	W. MELBOURNE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HEITSCH, JAMES R.	
STREET ADDRESS	4300 FORTUNE PLACE; STE. A	
CITY-STATE-ZIP	W. MELBOURNE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	KNOX, JOHN	
STREET ADDRESS	4300 FORTUNE PLACE; SUITE A	
CITY-STATE-ZIP	W. MELBOURNE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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 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: *Lacey A Hudson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LACEY A HUDSON

2-26-96 407 725 8000
DATE DISBURSE PHONE #

CR2E034 (12/95)