

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

FILED
Mar 19 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 # F95000000994 (2)
1. Corporation Name
INCASES ENGINEERING NORTH AMERICA, INC.



| | |
|--|--|
| Principal Place of Business 2250 LUCIEN WAY SUITE 100 MAITLAND FL 32751 US | Mailing Address 6735 STROH RD. PAPER CO 80134-6610 |
|--|--|

| | |
|--|--|
| 2. Principal Place of Business 21 801 Commerce Suite Apt. #, etc. 22 T320 City & State 23 Ft. Worth, Tx Zip 24 76102 Country 25 Tarrant | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 |
|--|--|

| | |
|---|---------------------------------------|
| 3. Date Incorporated or Qualified 03/01/1995 | 3a. Date of Last Report 05/09/1996 |
| 4. FEI Number 84-1293574 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input 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. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | |
|---|----|
| 9. Name and Address of Current Registered Agent CT CORPORATION SYSTEMS 1200 S. PINE ISLAND RD. PLANTATION FL 33324 | |
| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |
| 85 Zip Code | |

| | |
|---|----|
| 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|--|
| TITLE | PTD <input type="checkbox"/> DELETE |
| NAME | HEALY, JOHN M |
| STREET ADDRESS | 6735 STROH RD. |
| CITY-ST-ZIP | PARKER CO |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | NIXDORF, MARTIN H |
| STREET ADDRESS | 6735 STROH RD. |
| CITY-ST-ZIP | PARKER CO 80134 |
| TITLE | S <input checked="" type="checkbox"/> DELETE |
| NAME | SHAIMAN, ROBERT |
| STREET ADDRESS | 6735 STROH RD. |
| CITY-ST-ZIP | PARKER CO 80134 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|
| 1.1 TITLE | Vice President/Assist. Sec. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Richard Collins |
| 1.3 STREET ADDRESS | 301 Commerce St. Suite 1320 |
| 1.4 CITY-ST-ZIP | Ft. Worth, TX. 76102 |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 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:  RICHARD L. COLLINS Mar 20 1997 (817) 3327422

CR2E034 (9/96)