

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

FILED

Jan 29 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 # F95000001214 (4)

1. Corporation Name

MEVATEC CORPORATION

Principal Place of Business

**1525 PERIMETER PARKWAY, STE 500
HUNTSVILLE AL 35806**

Mailing Address

**1525 PERIMETER PARKWAY, STE 500
HUNTSVILLE AL 35806-3575**



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 03/14/1995	3a. Date of Last Report 05/29/1996
4. FEI Number 85-0333275		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 type="checkbox"/> No					

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH 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	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 reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEOD <input type="checkbox"/> DELETE	1.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARCHULETA, NANCY E	1.2 NAME	Lydia A. Hernandez
STREET ADDRESS	1525 PERIMETER PARKWAY, STE 500	1.3 STREET ADDRESS	1525 Perimeter Parkway, Ste 500
CITY-ST-ZIP	HUNTSVILLE AL	1.4 CITY-ST-ZIP	Huntsville, AL 35806
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOUSER, C T	2.2 NAME	Thomas D. Wilbanks
STREET ADDRESS	1525 PERIMETER PARKWAY, STE 500	2.3 STREET ADDRESS	1525 Perimeter Parkway, Ste 500
CITY-ST-ZIP	HUNTSVILLE AL	2.4 CITY-ST-ZIP	Huntsville, AL 35806
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FULTON, LARRY S	3.2 NAME	Coy E. Gayle
STREET ADDRESS	1525 PERIMETER PARKWAY, STE 500	3.3 STREET ADDRESS	1525 Perimeter Parkway, Ste 500
CITY-ST-ZIP	HUNTSVILLE AL	3.4 CITY-ST-ZIP	Huntsville, AL 35806
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NIETO, CAROL A	4.2 NAME	Judith A. Bicknell
STREET ADDRESS	1525 PERIMETER PARKWAY, STE 500	4.3 STREET ADDRESS	1525 Perimeter Parkway, Ste 500
CITY-ST-ZIP	HUNTSVILLE AL	4.4 CITY-ST-ZIP	Huntsville, AL 35806
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	Controller <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOODNIGHT, GLENN P	5.2 NAME	W. Don Muncy
STREET ADDRESS	1525 PERIMETER PARKWAY, STE 500	5.3 STREET ADDRESS	1525 Perimeter Parkway, Ste 500
CITY-ST-ZIP	HUNTSVILLE AL	5.4 CITY-ST-ZIP	Huntsville, AL 35806
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	MURAS, ANDREW D	6.2 NAME	
STREET ADDRESS	1525 PERIMETER PARKWAY, STE 500	6.3 STREET ADDRESS	
CITY-ST-ZIP	HUNTSVILLE AL	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:

W. Don Muncy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/97 605890-8099

Date

Daytime Phone #

CR2E034 (9/96)