

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000003578 (0)

1. Corporation Name

DEFENSE TECHNOLOGY CORPORATION OF AMERICA

Principal Place of Business

7400 S.W. 50 TERRACE, SUITE 101
MIAMI FL 33155-4481

Mailing Address

7400 S.W. 50 TERRACE, SUITE 101
MIAMI FL 33155-4481



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 PO Box 240

27 Suite, Apt. #, etc.

28 Casper, WY

29 82601 30 USA

3. Date Incorporated or Qualified

07/25/1995

3a. Date of Last Report

4. FEI Number

83-0294956

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 has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

OLIVER, ROBERT L
7400 S.W. 50 TERRACE
SUITE 101
MIAMI FL 33155-4481

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

Signature, typed or printed name of registered agent and one if applicable (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE P
NAME ZIMMERMAN, THOMAS A
STREET ADDRESS 2136 OIL DRIVE
CITY-ST-ZIP CASPER WY 82601

TITLE C
NAME OLIVER, ROBERT L
STREET ADDRESS 8101 S.W. 53RD AVENUE
CITY-ST-ZIP MIAMI FL 33143

TITLE V
NAME MICHEL, JAMES E
STREET ADDRESS 10840 S.W. 80TH AVENUE
CITY-ST-ZIP MIAMI FL 33156

TITLE S
NAME MICHEL, CLODAGH
STREET ADDRESS 10840 S.W. 80TH AVENUE
CITY-ST-ZIP MIAMI FL 33156

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96

(307)235-2136

CR2E034 (12/95)