


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
 Sep 23 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 # F95000003578 (0)

1. Corporation Name  
~~DEFENSE TECHNOLOGY CORPORATION OF AMERICA~~  
 DEFENSE TECHNOLOGY CORPORATION OF AMERICA



Principal Place of Business Mailing Address

7400 S.W. 50 TERRACE, SUITE 101  
 MIAMI FL 33155-4481  
 4970 SW 72ND AVE  
 SUITE 103  
 MIAMI, FL. 33155

PO-BOX 340  
 CASPER WY 82601  
 4970 SW 72ND AVE  
 SUITE 103  
 MIAMI, FL. 33155

DO NOT WRITE IN THIS SPACE

|    |                                |                     |   |   |
|----|--------------------------------|---------------------|---|---|
| 21 | 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified   | 3a. Date of Last Report   |
| 22 | Suite, Apt. #, etc.            | Suite, Apt. #, etc. | 07/25/1995  | 05/01/1996  |
| 23 | City & State                   | City & State        | 4. FEI Number   | Applied For   |
| 24 | Zip                            | Zip                 | 83-0294956  | Not Applicable  |
| 25 | Country                        | Country             | 5. Certificate of Status Desired  | \$8.75 Additional Fee Required                                      |
| 26 |                                |                     | <input type="checkbox"/>  |   |
| 27 |                                |                     | 6. Election Campaign Financing Trust Fund Contribution  | \$5.00 May Be Added to Fees   |
| 28 |                                |                     | <input type="checkbox"/>  |   |
| 29 |                                |                     | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 30 |                                |                     |   |   |

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)  
 4970 SW 72ND AVE SUITE 103

83

84 City MIAMI FL 85 Zip Code 33156

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

|                |                              |  |
|----------------|------------------------------|--|
| TITLE          | <del>THURMAN, THOMAS A</del> | <input checked="" type="checkbox"/> DELETE |
| NAME           | <del>0100 OIL DRIVE</del>    |  |
| STREET ADDRESS | <del>CASPER WY 82601</del>   |  |
| CITY-ST-ZIP    |                              |  |
| TITLE          | C                            | <input type="checkbox"/> DELETE            |
| NAME           | OLIVER, ROBERT L             |  |
| STREET ADDRESS | 8101 S.W. 53RD AVENUE        |  |
| CITY-ST-ZIP    | MIAMI FL 33143               |  |
| TITLE          | <del>CONLEY, DEBORAH</del>   | <input checked="" type="checkbox"/> DELETE |
| NAME           | <del>2100 OIL DRIVE</del>    |  |
| STREET ADDRESS | <del>CASPER WY</del>         |  |
| 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          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 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    |   |

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 \*\*\*550.00

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: *[Signature]*

CR2E034 (4/97)