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May 27 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 # F95000005601 (8)

1. Corporation Name
FIAT LUX RESEARCH, INC.

Principal Place of Business
5126 WOODLANE CIRCLE
SUITE C
TALLAHASSEE FL 32303
US

Mailing Address
5126 WOODLANE CIRCLE
SUITE C
TALLAHASSEE FL 32303-6812
US



3. Date Incorporated or Qualified 11/15/1995
3a. Date of Last Report 01/26/1996

4. FEI Number APPLIED FOR 59-3342199
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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PROVIDAKIS, NICK
6507 MONTROSE TRAIL
TALLAHASSEE FL 32308

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2416 Jackson Bluff Rd Apt. B-1

83

84 City Tallahassee

FL

85 Zip Code 32304

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 *Nick Providakis* Nick Providakis Vice President 5/1/97
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME RAYBURN, DAVID
STREET ADDRESS 1817 W. CALL STREET #C-11
CITY, ST, ZIP TALLAHASSEE FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 1817 W. Call St. # B-19
1.4 CITY-ST-ZIP

TITLE VSTD
NAME PROVIDAKIS, NICHOLAS
STREET ADDRESS 6507 MONTROSE TRAIL
CITY, ST, ZIP TALLAHASSEE FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 2416 Jackson Bluff Rd. # B-1
2.4 CITY-ST-ZIP Tallahassee, FL 32304

TITLE CD
NAME DRAPER, TIMOTHY
STREET ADDRESS 400 SEAPORT COURT, #250
CITY, ST, ZIP REDWOOD CITY CA

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

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

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

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

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

TITLE
NAME
STREET ADDRESS
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 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: *Nick Providakis* Nick Providakis Vice President 5/1/97 562-4252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)