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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

ENGIN	in Name IEERED SYSTEMS INC.					
Principal Plac	e of Business	Mailing Address				
6060 SW 18	TH ST	6060 SW 18TH ST				
STE 101	•	STE 101				
BOCA RATO	N FL 33433	BOCA RATON FL 3343 US	13	3. Date incorporated or Qualified	3a. Date of Last Report	
00		03		10/25/1982	03/13/1995	
2. Principal P	lace of Business	2a, Mairing Address		4. FEI Number	Applie	d For
:1]		26		59-2233165	Not A	plicable
Suite, Apt. 1.1	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired [\$8.75 Addi	
City & Stat		City & State		E Staation Comparing Singuistics	Fee Requi	
3		28		6. Election Campaign Financing Trust Fund Contribution	□ \$5.00 Ma Added to Fo	
-j Zip	Country	Zip	Country	8. This corporation has liability for inta		**********
4	25	29	30	Florida Statutes	□No	
	g. Name and Address of Current	Registered Agent		10. Name and Address of New Reg	istered Agent	
			81 Name			
	ER, ROGER L		82 Street Add	lress (P.O. Box Number is Not Acceptable)		
	LADES RD		83			
#313 BOCA RATON FL 33431			63			
BUCA HATUN FE 33431			84 City		FL 85 Zip Cod	е
or registe	red agent, or both, in the State of Florid	 Such change was authorized 	red by the corporation's boa	oration submits this statement for the purpo ard of directors. I hereby accept the appoint	ise of changing his registe itment as registered agent	red office t. Lam
or registe familiar w SIGNATURE	red agent, or both, in the State of Florid ith, and accept the obligations of Section 5. Section 1.	a Such change was authoriz on 607.0505, Florida Statutes লতাটেড বিষয়েতিকাইড (ম	red by the corporation's boats. DTE Registered Agent signature require	ard of directors. I hereby accept the appoint	tment as régistered ageni	t. I am
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cath, that I am an office 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.

FULLIANTE R. EUYONNE FOLKERSEN 3/196 (40) 362-7149
PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: R. Suyame of