

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

**FILED**  
**Apr 15 1996 8:00 am**  
**Secretary of State**

**DOCUMENT # G54846 (2)**  
1. Corporation Name  
**VIPLEX CORPORATION**



Principal Place of Business  
**751 ENTERPRISE COURT  
MELBOURNE FL 32934**

Mailing Address  
**751 ENTERPRISE COURT  
MELBOURNE FL 32934**

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29		3. Date Incorporated or Qualified <b>08/19/1983</b>		3a. Date of Last Report <b>04/11/1995</b>	
				4. FEI Number <b>59-2322296</b>		Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**WILSON, ROBERT H.  
5011 DIXIE HWY NE #A302  
PALM BAY FL 32905**

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 title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILSON, CECILE E.</b>	1.2 NAME	
STREET ADDRESS	<b>5011 DIXIE HWY NE #A302</b>	1.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>PALM BAY FL</b>	1.4 CITY-STATE-ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILSON, ROBERT H.</b>	2.2 NAME	
STREET ADDRESS	<b>5011 DIXIE HWY NE #A302</b>	2.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>PALM BAY FL</b>	2.4 CITY-STATE-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DUSSICH, EVA</b>	3.2 NAME	
STREET ADDRESS	<b>244 VIA HAVARRE</b>	3.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>MERRITT ISLAND FL</b>	3.4 CITY-STATE-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GAUTHIER, CHRISTEL G.</b>	4.2 NAME	
STREET ADDRESS	<b>1934 WALLACE AVENUE</b>	4.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>MELBOURNE FL</b>	4.4 CITY-STATE-ZIP	
TITLE	VP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DUSSICH, GEORGE V.A.</b>	5.2 NAME	
STREET ADDRESS	<b>244 VIA HAVARRE</b>	5.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>MERRITT ISLAND FL</b>	5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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

**Cecile E. Wilson, Secretary/Treasurer**

**April 8, 1996**

**(407)254-5880**

DATE

DAYTIME PHONE #

CR2E034 (12/95)