

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 28 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # H29958 (6)**

1. Corporation Name  
**CONTROL FABRICATION, INC.**

Principal Place of Business <b>2530 MICHIGAN STREET WEST MELBOURNE FL 32904</b>	Mailing Address <b>2530 MICHIGAN STREET WEST MELBOURNE FL 32904-6137</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/15/1984</b>	3a. Date of Last Report <b>04/23/1996</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>50-2514552</b>		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country	29 Country	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 <b>BROWN, ROBERT E. 2530 MICHIGAN ST. WEST MELBOURNE FL</b>				10. Name and Address of New Registered Agent	
				81 Name <b>MARION J BROWN</b>	
				82 Street Address (P.O. Box Number is Not Acceptable) <b>2530 MICHIGAN STREET</b>	
				83	
				84 City <b>WEST MELBOURNE FL</b>	85 Zip Code <b>32904</b>

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE: *Marion J Brown* **MARION J BROWN** DATE: **4-21-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>DP</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BROWN, ROBERT E.</b>		1.2 NAME	
STREET ADDRESS <b>2530 MICHIGAN ST.</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>W. MELBOURNE FL</b>		1.4 CITY-ST-ZIP	
TITLE <b>VS</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>D.P.I.S</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>BROWN, MARION J.</b>		2.2 NAME <b>MARION J BROWN</b>	
STREET ADDRESS <b>2530 MICHIGAN STREET</b>		2.3 STREET ADDRESS <b>2530 MICHIGAN ST</b>	
CITY-ST-ZIP <b>W. MELBOURNE FL</b>		2.4 CITY-ST-ZIP <b>W. MELBOURNE, FL 32904</b>	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Marion J Brown* **MARION J BROWN** DATE: **4-21-97** 407-725-0650

CR2E034 (9/96)