FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H62225** (8)

1. Corporation Name

GRENDEL RESEARCH, INC.

Principal Place of Business

~~C/O GEORGE KELLGREN~~
~~550 ST. JOHN STREET~~
~~COCOA FL 32922~~

Mailing Address

~~C/O GEORGE KELLGREN~~
~~550 ST. JOHN STREET~~
~~COCOA FL 32922~~

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 P.O. Box 3427
Suite, Apt. #, etc. 27
City & State 28 Cocoa FL
Zip 29 32924 Country 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/30/1985**

3a. Date of Last Report **08/17/1994**

4. FEI Number **59-2616360** [ ] 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

9. Name and Address of Current Registered Agent

KELLGREN, GEORGE
~~550 ST. JOHN STREET~~
~~COCOA FL 32922~~

10. Name and Address of New Registered Agent

81 Name George Kellgren
82 Street Address (P.O. Box Number is Not Acceptable) 5010 James Rd
83
84 City Cocoa FL 85 Zip Code 32926

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

12. OFFICERS AND DIRECTORS

TITLE	**PD**
NAME	**KELLGREN, GEORGE**
STREET ADDRESS	**5010 JAMES RD.**
CITY-ST-ZIP	**COCOA FL**
TITLE	**STD**
NAME	**KELLGREN, RUBI**
STREET ADDRESS	**5010 JAMES RD.**
CITY-ST-ZIP	**COCOA FL**
TITLE	**D**
NAME	**KELLGREN, ADRIAN**
STREET ADDRESS	**5010 JAMES RD.**
CITY-ST-ZIP	**COCOA FL**
TITLE	**D**
NAME	**KELLGREN, DEREK**
STREET ADDRESS	**5010 JAMES RD.**
CITY-ST-ZIP	**COCOA FL**
TITLE	**D**
NAME	**KELLGREN, VIVEKA**
STREET ADDRESS	**5010 JAMES RD.**
CITY-ST-ZIP	**COCOA FL**
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		[ ] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	400001842904	[ ] Change [ ] Addition
5.2 NAME	-05/29/96--01099--016	
5.3 STREET ADDRESS	***200.00	
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-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 4.30.96 Date