

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H97211 (7)

1. Corporation Name

AUTOMATED PROCESS ENGINEERING, INC.



Principal Place of Business

Mailing Address

C/O DONALD F. WELLS
9477 BELLEWOOD STREET
PALM BEACH GARDENS FL 33410

C/O DONALD F. WELLS
9477 BELLEWOOD STREET
PALM BEACH GARDENS FL 33410

3. Date Incorporated or Qualified

02/03/1986

3a. Date of Last Report

02/13/1995

2. Principal Place of Business

2a. Mailing Address

21 9477 BELLEWOOD ST
Suite, Apt. #, etc.

26 P.O. Box 211 73
Suite, Apt. #, etc.

4. FEI Number

59-2776257

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

22 City & State
23 Palm Beach Gardens, FL
24 33410
25 USA
26 City & State
27 Palm Beach Gardens, FL
28 33420
29 USA
30

27 City & State
28 Palm Beach Gardens, FL
29 33420
30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WELLS, DONALD F.
9477 BELLEWOOD ST.
PALM BEACH GARDENS FL 33410

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 state if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD (PRES & Secy & TREAS.) ☐ DELETE
NAME WELLS, DONALD F. ☒ CHAIRMAN Bd of Dir.
STREET ADDRESS 9477 BELLEWOOD ST.
CITY-ST-ZIP PALM BEACH GDNS. FL

1.1 TITLE VICE PRES. ☐ Change ☒ Addition
1.2 NAME KEN WELLS
1.3 STREET ADDRESS 10902 KENBROOK DR.
1.4 CITY-ST-ZIP RIVERVIEW, FL 33569

TITLE ☐ DELETE

2.1 TITLE ASSISTANT CHAIRMAN Bd of Directors ☐ Change ☒ Addition

NAME

2.2 NAME MARCEL B. WELLS

STREET ADDRESS

2.3 STREET ADDRESS 9477 BELLEWOOD ST.

CITY-ST-ZIP

2.4 CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME

3.2 NAME

STREET ADDRESS

3.3 STREET ADDRESS

CITY-ST-ZIP

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-ST-ZIP

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ 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 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:

Donal F. Wells [DONALD F. WELLS]

2/17/96

407-622-9245

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)