	FILE NOW: FI	LING FEE AF	TER MAY 1 I	S \$225	.00		
	PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State Division of Corporations				
	DCUMENT # orporation Name DEEMER TECHNICA	<b>J37247</b> L research, in	<b>(O)</b> c.				
Principal Place of Business  151 NE NARANJA AVE 1515 NE NARANJA AVE PORT ST LUCIE FL 34983 US			Mailing Address  % WALTER R. DEEMER  151 NE NARANJA AVE  PORT ST. LUCIE FL 34983  US		Date Incorporated or Qualified		
			00			11/01/1986	05/01/1995
	incipal Place of Business	<b>-</b>	a. Mailing Address			4. FEI Number	Applied For
21	uite, Apt. #, etc.	26				59-2722667	Not Applicable
22	ty & State	27	-d			5. Certificate of Status Desired	\$8.75 Additional Fee Required
23			Orty & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
24	Country Zip  25  29  9. Name and Address of Current Registered Agent			Country 30		This corporation has liability for Florida Statutes Ye     Name and Address of New	s 🗌 No
11. P	imiliar with, and accept the ol	ections 607.0502 and 6	807.1508, Florida Statutes 7) change was authorized 7.0505, Florida Statutes	82 83 84 s, the above nod by the corpo	City	ress (P.O. Box Number is Not Accepta ration submits this statement for the pured of directors. I hereby accept the app	FL 85 Zip Code
SIGN	ATURE Synature: Need or protest r	and of registrated agent assets o	itugalator NOTE	Bug stere I Agrico	Signature recure	Id where removating:	DATE
12.		OFFICERS AND DIRE	CTORS	13.			ICERS AND DIRECTORS IN 12
TITLE NAME STREET CITY-SI	DEEMER, WAI 151 N. NARAI PORT ST. LUC	PDT DEEMER, WALTER R. 151 N. NARANJA AVE PORT ST. LUCIE FL		1 1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP			☐ Change ☐ Addition
TITLE NAME STREET. CITY-SI	DARK OF LUDIE EL		☐ DEL€1E	2 1 TITLE 22 NAME 23 SHREFT ADDRESS 24 CHT - ST - Z-P			☐ Change ☐ Add-tion
NAME STREET	ADDRESS - Zip		DELETE	3 1 TITLE 3 2 NAME 3 3 SHEET I 3 4 CITY: ST	ADDRESS.		☐ Change ☐ Addition
TITLE NAME STREET A	ADDRESS		□ DELETE	4 1 TUTLE 4 2 NAME 4 3 STREET A	DDRESS		Change Addition
TITLE NAME STREET A	ODRESS		☐ DELETE	4 4 CITY - ST- 5 1 TITLE 5 2 NAME 5 3 SIPPEL A	DDRESS		Change Addition
TITLE NAME	20		DEFELE	54 CITY - ST- 6 1 TITLE 6 2 NAME	ZIP		Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

UNDER THE PRINTED SAME OF SIGNING OFFICER OR DIRECTOR

6.3 STREET ADDRESS

STREET ADDRESS

4/30/96 407 879 73/0

CR2E034 (12/95)