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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J37247

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DEEMER TECHNICAL RESEARCH, INC.

(0)

FILED Apr 28 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Address				14 GIGH AIBIL AIBIL BIGH ALAN AAL
151 NE NARA	NJA AVE	% WALTER R. DEEMER	% WALTER R. DEEMER			
1515 NE NARANJA AVE PORT ST LUCIE FL 34983		151 NE NARANJA AVE PORT ST. LUCIE FL 34983	3		DO NOT WRITE IN THIS SPACE	
US		US			3. Date Incorporated or Qualified	
			· ···		11/01/1986	
	ace of Business	2a. Mailing Address			4. FEI Number 59-2722667	Applied For
21		26			39-2122001	Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	26		Trust Fund Contribution	
Zip	Country	7ip	Country	/	8. This corporation owes or has paid th	ne current year Intangible
24	25	29	30		Personal Property Tax due June 30.	Yes □ No
	9. Name and Address of Curren	t Registered Agent		1	10. Name and Address of New Regist	ered Agent
	EMER, WALTER R.		81	Name		
	NORTH NARANJA AVENUE RT ST. LUCIE FL 34983		82	Street Addr	ess (P.O. Box Number is Not Acceptable)	
FUI	ni 31. LUCIE FL 34803		83		<u> </u>	.,
			84	City		85 Zip Code
				<u> </u>		FL 63 245 GGGG
11. Pursuant to the provisions of Sections 607.050? and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agont, 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 little if applicable (NOTE: Registered Agent signature required when reinstating) DATE						
12.	OFFICERS AN		13.	and organizate a rade.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	PDT DELETE		1.1 TITLE	-		Change Addition
NAME	DEEMER, WALTER R.		1.2 NAME			
STREET ADDRESS	151 N. NARANJA AVE		1.3 STREE	T ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE FL		1.4 CITY-			
TITLE	VSD	DELETE				Change Addition
NAME	DEEMER, ROBERTA L.		2.2 NAME			
STREET ADDRESS	151 N. NARANJA AVE		2.3 STREE	T ADDRESS		
CITY-ST-ZIP	Port St. Lucie Fl		2. 4 CITY - ST - ZIP			
TITLE	DELETE		3.1 TITLE			Change Addition
NAME			3 2 NAME			
STREET ADDRESS	STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP	3.4.		3.4. CITY -	ST-ZIP		
TITLE		DELETE	4.1 TITLE			Change Addition
NAME		4				
STREET ADDRESS	RESS 435		4.3 STREE	T ADDRESS		
CITY+ST-ZIP			4.4 CiTY-	ST-7iP		
TITLE		DELETE	51 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5 3 STREE	T ADDRESS		
CITY-ST-ZIP			5.4 CiTY-1	ST-ZIP		
TITLE			61 TITLE			Change Addition
NAME			62 NAME			
STREET ADDRESS			6 3 STREE	T ADDRESS	•	
CITY-ST-ZIP			64 CITY	ST-ZIP		
	adily that the information or muliad w	ith this files door not quality to	r the even	ation stated in	Section 119 07(3)(i) Florida Statutes, 1 furt	her certify that the information

i. I 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.