

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

**FILED**  
**Apr 17 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # K13194 (1)**

1. Corporation Name  
**PEC RESEARCH, INC.**



Principal Place of Business <b>2805 MOURNING DOVE WAY                  TITUSVILLE FL 32780                  US</b>	Mailing Address <b>2805 MOURNING DOVE WAY                  TITUSVILLE FL 32780                  US</b>
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/28/1988</b>	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number <b>59-2917429</b>	Applied For Not Applicable
23 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent

**STEARNS, DONALD M.  
 2805 MOURNING DOVE WAY  
 TITUSVILLE FL 32780**

10. Name and Address of New Registered Agent

81 Name **SCOTT STEARNS**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**2805 MOURNING DOVE WAY**  
 83 **Titusville**  
 84 City **Titusville** **FL** 85 Zip Code **32780**

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 *Scott B. Stearns* **4-11-98**  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>STEARNS, DONALD M.</b>	
STREET ADDRESS	<b>2805 MOURNING DOVE WAY</b>	
CITY-ST-ZIP	<b>TITUSVILLE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>STEARNS, SCOTT</b>	
STREET ADDRESS	<b>2805 MOURNING DOVE WAY</b>	
CITY-ST-ZIP	<b>TITUSVILLE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MARYLOU STEARNS</b>	
STREET ADDRESS	<b>2805 MOURNING DOVE WAY</b>	
CITY-ST-ZIP	<b>Titusville, FL 32780</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>MARYLOU STEARNS</b>
3.3 STREET ADDRESS	<b>2805 MOURNING DOVE WAY</b>
3.4 CITY-ST-ZIP	<b>Titusville, FL 32780</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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.

SIGNATURE: *Scott B. Stearns* **4-11-98 (407) 383-4571**

CR2E034 (10/97)