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

PŘÔFII. CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	MENT # L88849 NG ANALYSTS, INCORPORA	<b>(</b> - )			
Principal Place of Business 30338 DEER RUN DADE CITY FL 33525 US		Mailing Address P. O. BOX 1319 POST OFFICE BOX 1318, SAN ANTONIO, FL SAN ANTONIO FL 33578-1319		T ENGINOM CONTROL COME TOUR CONTROL CO	
		ÜS		3. Date Incorporated or Qualified 07/25/1990	3a. Date of Last Report 04/12/1996
2. Principa! P	lace of Business	2a. Mailing Address 26		4. FEI Number 59-3041501	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	е	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
<sup>Z(p)</sup> 335	23 25 Pusco	Zip 29	Country 30	This corporation has liability for Florida Statutes	XX) Yes 🔲 No
303	9. Name and Address of Current EN, CHARLES RICHARD 138 DEER RUN DE CITY FL 33525	negisterou Agent	81 Name 82 Street Add 83 84 City	10. Name and Address of New 6	
office or r agent Ta SiGNATURE.	to the provisions of Sections 607.0502 registered agent, or both, in the State am familiar with, and accept the obligations by the state of the section of of the sec	nt and title if applicable (NOTE	uthorized by the corpora ida Statutes.  Registered Agent signature requi		DATE
TITLE	DP ALLEN, CHARLES RICHARD	☐ DELETE	1.1 TITLE		Change Addition
NAME STREET ADDRESS	30338 DEER RUN DADE CITY FL 33525		1.2 NAME 1.3 STREET ADDRESS	mes	A 99000
CITY-ST-ZIP TITLE	0	DELETE	1.4 CITY+ST-ZIP 2.1 TITLE	PADE CITY, FLORID	A 33523
NAME STREET ADDRESS	ALLEN, KAY GRENGA 30338 DEER RUN		2.2 NAME 2.3 STREET ADDRESS		·
CITY - ST-7IP	DADE CITY FL 33525		The state of the s	PADE SITY FLORIS	DA 33523
TITLE Name	D MANN, LESTER HAMPTON	☐ DELETE	3.1 TITLE 3.2 NAME	••	Change Addition
STREET ADDRESS	258 PYLANT ST		3.3 STREET ADDRESS		
CITY - ST - ZIP TITLE	SENOIA GA 30276	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS			4. 2 NAME 4.3 Street address		
CITY-ST-ZIP			4.4 City-St-Zip	· ·	
TITLE		☐ DELETE	51 TITLE	······································	Change Addition
NAMÉ			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
Crty-St-ZiP Title	VI 1836.6	DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition
NAME		_	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
City-SI-Zi2			6.4 CITY-ST-ZIP		

14. I do 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

**FILED** 

May 14 1997 8:00am

Secretary of State