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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # M66116

(8)

	S HESEARCH & DEVELOP								
Principal Place of Business Mailing Address						1 (631001) 114 6114 01101 11001 11011 11011	01017 01011 01013	*1811 81811	A1011 1881
1226 SOUTHEAST 14TH STREET 1226 SOUTHEAST 14TH S DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33 US US									
						3. Date Incorporated or Qualified 01/28/1988	3a. Date of 05/01/		eport
Principal Place of Business 2a. Mailing Address			******			4. FEI Number		Ap	plied For
21 26						62-1342181		No	ot Applicable
Suite, Apt. :	#, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired		8.75 A Fee Re	Additional equired
City & State City & State						6. Election Campaign Financing		\$5.00	May Be
23 28						Trust Fund Contribution		Added t	
Zip	Country	Zip	Cou	ntry		8. This corporation has liability for	ntangible tax		. 199.032,
24	25	29	30				Yes 🗆 t		
	8. Name and Address of Curre	nt Registered Agent		B1		10. Name and Address of New Re	gistered Age	int	
HOSKINS, DANA W					Name				
1226 SE 14 STR				62	Street Addr	ess (P.O. Box Number is Not Acceptab	ile)	*****	
DEE	RFIELD BCH FL 33441		ŀ	B3					
				84	City		FL	35 Zip (Code
11. Pursuant I office or re agent. Lai	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the oblig	02 and 607.1508, Florida Statu e of Florida Such change was jations of, Section 607.0505, F	tes, the at authorized orida Stati	oove- d by t utes.	named corp the corporat	oration submits this statement for the pion's board of directors. I hereby acce	ourpose of ch of the appoin	anging it tment as	s registered registered
SIGNATURE									·
	Signature, typed or printed name of registered ag	ent and title if applicable (NO ID DIRECTORS	13.	Ageni	signature requir	ed when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	DECTOR	S IN 12
12.	V\$	DELETE		1.1 TITLE		ADDITIONS/CHANGES TO OFFIC		Change	Addition
NAME	HOSKINS, PHILLIP D.			1.2 NAME					
STREET ADDRESS 1228 SOUTHEAST 14TH STREET				1.3 STREET ADDRESS					
CITY-ST-ZIP	DEERFIELD BCH FL			TY-ST-	1				
TITLE	PTD DELETE			2.1 TITLE				Change	Addition
NAME	HOSKINS, DANA W		2.2 NA	2.2 NAME		·			
	STREET ADDRESS 1226 SOUTHEAST 14TH STREET			2.3 STREET ADDRESS		•			
CITY-ST-ZIP	DEERFIELD BCH FL		•	ITY-ST	1				
TITLE	DELETE			3.1 TITLE				Change	Addition
NAME			3.2 NA	AME.					
STREET ADDRESS			3.3 ST	REET A	DDRESS				
CITY - ST - ZIP			3.4. C	ITY-ST	-ZiP				
TOTALE		☐ DELETE	4.1 10	LE				Change	☐ Addition
NAME			4. 2 N	AME	ŀ				
STREET ADDRESS			4.3 ST	REET A	ddress				
CITY-ST-ZIP				4.4 CITY-ST-ZIP					
TITLE,		☐ DELETE	5.1 Ts1	TLE				Change	Addition
NAME			5.2 NA	ME					
STREET ADDRESS			5.3 ST	ireet a	DORESS				
CITY - ST - ZIP			5.4 CI	ty-st-	-ZIP				
TITLE		☐ DELETE	6.1 TI	TLE				Change	Addition
NAME			6.2 NA	AME]				
STREET ADDRESS			63\$T	REET A	DORESS				

14. To 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 DANA W. HOSKINS

6.4 CITY - ST - ZIP

954-421-8312

FILED

Feb 06 1997 8:00am

Secretary of State