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Apr 18 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **M66459** (2)  
1. Corporation Name  
**HISTORICAL RESEARCH AND DEVELOPMENT, INC.**

Principal Place of Business  
**102 LILAC LN.  
ALTAMONTE SPRINGS FL 32701  
US**

Mailing Address  
**PO BOX 691652  
ORLANDO FL 32869-1652**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/01/1988</b>		3a. Date of Last Report <b>04/17/1996</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>65-0044649</b>		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>KLING, ERNEST R. 102 LILAC LANE ALTAMONTE SPRINGS FL 32701</b>				10. Name and Address of New Registered Agent			
81 Name							
82 Street Address (P.O. Box Number is Not Acceptable)							
83							
84 City				85 Zip Code <b>FL</b>			

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

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COLOMBO, ROBERT L.</b>	1.2 NAME	
STREET ADDRESS	<b>543 PEREGRINE DR.</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>INDIALANTIC FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KLING, ERNEST R.</b>	2.2 NAME	
STREET ADDRESS	<b>102 LILAC LANE</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ALTAMONTE SPRINGS FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOLINAR, DEMOSTENES</b>	3.2 NAME	
STREET ADDRESS	<b>802 NORTH 35TH STREET</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>FT. PIERCE FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LLEVADA, FELIX</b>	4.2 NAME	
STREET ADDRESS	<b>1417 CHARTA COURT</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ORLANDO FL</b>	4.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ULLIAN, LOUIS J.</b>	5.2 NAME	
STREET ADDRESS	<b>7820 S TROPICAL TRAIL</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MERRITT ISLAND FL</b>	5.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GROFIK, MICHAEL K.</b>	6.2 NAME	
STREET ADDRESS	<b>1806 GULF COURT</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>INDIALANTIC FL</b>	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:

**ERNEST R. KLING**  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

**4/14/97 407-834-2347**  
Date Daytime Phone #

CR2E034 (9/96)