

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P05477 (5)**

1. Corporation Name

**ENERGY/ENVIRONMENTAL RESEARCH GROUP, INC.**



Principal Place of Business	Mailing Address
% DBA SYSTEMS, INC. 1200 SOUTH WOODY BURKE ROAD MELBOURNE FL 32901-0550	% DBA SYSTEMS, INC. 1200 SOUTH WOODY BURKE ROAD MELBOURNE FL 32901-0550

3. Date Incorporated or Qualified <b>03/28/1985</b>	3a. Date of Last Report <b>03/23/1995</b>
4. FEI Number <b>86-0392999</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 State, Apt. #, etc.	26 State, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

**9. Name and Address of Current Registered Agent**

**ROBERTSON, CHARLES B.  
1200 SOUTH WOODY BURKE ROAD  
MELBOURNE FL 32901**

**10. Name and Address of New Registered Agent**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Signature based on print. Title of officer/director and then applicable.) (Date: Registered Agent's signature required when re-stating.)

**12. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> DELETE
CDP	SLACK, JOHN L.	1200 S. WOODY BURKE RD	MELBOURNE FL	
DST	ROBERTSON, CHARLES B.	1200 S. WOODY BURKE DR.	MELBOURNE FL	
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	6. NAME	7. STREET ADDRESS	8. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE	10. NAME	11. STREET ADDRESS	12. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE	14. NAME	15. STREET ADDRESS	16. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. TITLE	18. NAME	19. STREET ADDRESS	20. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 person or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Blocks 13 if changed, or on the attachment with my address.

SIGNATURE: **CHARLES B. ROBERTSON** 1-22-96 1-407-727-0660  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Expiration Phone

CR2E034 (12/95)