

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 # P11963 (6)

1. Corporation Name

MECA ENGINEERING CORPORATION OF AMERICA, INC.



Principal Place of Business

5539 INDIANAPOLIS BLVD.  
EAST CHICAGO IN 46312

Mailing Address

5539 INDIANAPOLIS BLVD.  
EAST CHICAGO IN 46312

3. Date Incorporated or Qualified

10/30/1986

3a. Date of Last Report

02/03/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLACK, PATTI J.  
501 N. VENTURA AVENUE  
ORLANDO FL 32805

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	STOFKO, JOHN J.	
STREET ADDRESS	5660 CHASE	
CITY-ST-ZIP	MERRILLVILLE IN	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HAMADY, DONALD H.	
STREET ADDRESS	980 DUCK CREEK CT.	
CITY-ST-ZIP	HOBOAT IN	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FOUSHI, JOHN A.	
STREET ADDRESS	8654 HOHMAN AVENUE	
CITY-ST-ZIP	MUNSTER IN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PARDUS, DENNIS R.	
STREET ADDRESS	1836 SANDY BEACH DRIVE	
CITY-ST-ZIP	CROWN POINT IN	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HALL, JOHN T	
STREET ADDRESS	460 E 900 NORTH	
CITY-ST-ZIP	VALPARAISO IL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 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 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:

*John J. Stofko*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*John J. Stofko* President

2/14/96  
Date

214/397-0100  
Telephone #

CR2E034 (12/95)