

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P24985 (4)
1. Corporation Name
AMPRO SYSTEMS CORPORATION



Principal Place of Business: **525 JOHN RODES BLVD. MELBOURNE FL 32934**
Mailing Address: **525 JOHN RODES BLVD. MELBOURNE FL 32934**

3. Date Incorporated or Qualified: **06/30/1989**
3a. Date of Last Report: **06/14/1995**
4. FEI Number: **59-3033075**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent
**MUTCHLER, DAVID K.
525 JOHN RODES BLVD.
MELBOURNE FL 32934**

10. Name and Address of New Registered Agent
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: _____ (NOTE: Registered Agent signature required when transferring) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATER, DOUGLAS L	1.2 NAME	AYER, DOUGLAS L
STREET ADDRESS	300 FIRST STAMFORD PLACE	1.3 STREET ADDRESS	300 FIRST STAMFORD PLACE
CITY-ST-ZIP	STAMFORD CO	1.4 CITY-ST-ZIP	STAMFORD CT
TITLE	STV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, JOSEPH M.	2.2 NAME	
STREET ADDRESS	525 JOHN RODES BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32934	2.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRIPPE, CHARLES W.	3.2 NAME	
STREET ADDRESS	525 JOHN RODES BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32934	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, JOHN G.	4.2 NAME	
STREET ADDRESS	45 MILK ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA 02109	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERUTZ, GERALD	5.2 NAME	
STREET ADDRESS	6019 WEST HOWARD ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	NILES IL 60648	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OGLETHORPE, RAY	6.2 NAME	
STREET ADDRESS	629 LAKE DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL 32963	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: *Joseph M. Gonzalez* VP & Controller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone: **(407) 254-3000 x332**

CR2E034 (12/95)