

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



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

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

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

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

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
D  
ATER, DOUGLAS L  
300 FIRST STAMFORD PLACE  
STAMFORD CO

☐ DELETE

TITLE  
NAME  
STV  
GONZALEZ, JOSEPH M.  
525 JOHN RODES BLVD.  
MELBOURNE FL 32934

☐ DELETE

TITLE  
NAME  
CD  
TRIPPE, CHARLES W.  
525 JOHN RODES BLVD.  
MELBOURNE FL 32934

☐ DELETE

TITLE  
NAME  
D  
TURNER, JOHN G.  
45 MILK ST.  
BOSTON MA 02109

☐ DELETE

TITLE  
NAME  
D  
PERUTZ, GERALD  
6019 WEST HOWARD ST.  
NILES IL 60648

☐ DELETE

TITLE  
NAME  
D  
OGLETHORPE, RAY  
629 LAKE DR.  
VERO BEACH FL 32963

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
D  
AYER, DOUGLAS L  
300 FIRST STAMFORD PLACE  
STAMFORD CT

☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

(407) 254-3000 x332

CR2E034 (12/95)