

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 23 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 # **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 32934-9103**

3. Date Incorporated or Qualified 06/30/1989	3a. Date of Last Report 01/22/1996
4. FEI Number 59-3033075	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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
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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D AYER, DOUGLAS L.
STREET ADDRESS	300 FIRST STAMFORD PLACE STAMFORD CT
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	STV GONZALEZ, JOSEPH M.
STREET ADDRESS	525 JOHN RODES BLVD. MELBOURNE FL 32934
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	CD TRIPPE, CHARLES W.
STREET ADDRESS	525 JOHN RODES BLVD. MELBOURNE FL 32934
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	D TURNER, JOHN G.
STREET ADDRESS	45 MILK ST. BOSTON MA 02109
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	D PERUTZ, GERALD
STREET ADDRESS	6019 WEST HOWARD ST. NILES IL 60648
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D OGLETHORPE, RAY
STREET ADDRESS	629 LAKE DR. VERO BEACH FL 32963
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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 checked="" 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	800002156198
3.3 STREET ADDRESS	-04/28/97--01020--040
3.4 CITY-ST-ZIP	***173.75
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	800002156198
4.3 STREET ADDRESS	-04/28/97 01020 000
4.4 CITY-ST-ZIP	***173.75
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 checked="" type="checkbox"/> Addition
6.2 NAME	VS JAMES F. OTT
6.3 STREET ADDRESS	525 JOHN RODES BLVD
6.4 CITY-ST-ZIP	MELBOURNE FL 32934

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: _____ REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: **15 APR 23 97** Daytime Phone #: **407-264-7000**
0103569

CR2E034 (9/96)