

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

FILED  
May 19 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P24985** (4)  
1. Corporation Name  
**AMPRO SYSTEMS CORPORATION**

Principal Place of Business <b>525 JOHN RODES BLVD. MELBOURNE FL 32934</b>	Mailing Address <b>525 JOHN RODES BLVD. MELBOURNE FL 32934</b>
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DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		<b>3. Date Incorporated or Qualified</b> <b>06/30/1989</b>	
<b>4. FEI Number</b> <b>59-3033075</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>9. Name and Address of Current Registered Agent</b> <b>MUTCHLER, DAVID K. 525 JOHN RODES BLVD. MELBOURNE FL 32934</b>	
<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 City 84 City 85 Zip Code		<b>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.</b>		<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE	

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AYER, DOUGLAS L.</b>	1.2 NAME	
STREET ADDRESS	<b>300 FIRST STAMFORD PLACE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>STAMFORD CT</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GONZALEZ, JOSEPH M.</b>	2.2 NAME	
STREET ADDRESS	<b>525 JOHN RODES BLVD.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MELBOURNE FL 32934</b>	2.4 CITY-ST-ZIP	
TITLE	<b>CD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TRIPPE, CHARLES W.</b>	3.2 NAME	
STREET ADDRESS	<b>525 JOHN RODES BLVD.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MELBOURNE FL 32934</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TURNER, JOHN G.</b>	4.2 NAME	
STREET ADDRESS	<b>45 MILK ST.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOSTON MA 02109</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PERUTZ, GERALD</b>	5.2 NAME	
STREET ADDRESS	<b>6019 WEST HOWARD ST.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NILES IL 60648</b>	5.4 CITY-ST-ZIP	
TITLE	<b>VS</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OTT, JAMES F</b>	6.2 NAME	
STREET ADDRESS	<b>525 JOHN RODES BLVD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MELBOURNE FL 32934</b>	6.4 CITY-ST-ZIP	

14. I 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.

CR2E034 (10/97)