SECOND AMOUNT DUE	NOTICE: CORPORATION WILL BI ON OR BEFORE 8/7/96: \$225 (IF DISS	E DISSOLVED ON OR AFTE	R AUGUST	7, 1996. STATE: \$375.)			
PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEP Sandra Secre	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS				
		\$50°					
1. Corporation	n Name	0040120 (5	)				
ENGINE	EERING TECHNOLOGY - C	HINA, INC.			L HA BIYA BE HIB (BIYA AHAY) BAHAY BAHAY BAHAY	IIII Odini digji agiai 1165a hali dani dani	
Principal Place of Business Mailing Address							
445 ANTIQUA LANE PALM BEACH FL 33480 US		445 ANTIQUA LANE PALM BEACH FL 33480 US					
				<ol> <li>Date Incorporated or Qualified 05/26/1994</li> </ol>	3a. Date of Last Report 05/01/1995		
Principal Place of Business		2a. Mailing Address 26		4. FEI Number 38-3192886	Applied For Not Applicable		
Suite, Apt #, ctc		Suite, Apt #, etc	Suite, Apt #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	2	City & State	<b>}</b> —¬ ′		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be	
Zip	Country 25	Zıp	Count	ry	8. This corporation has liability for		
	9. Name and Address of Currer		30	1 Name	Florida Statutes  10. Name and Address of New Re	Yes No	
HOMISCO INCORPORATION, INC. 222 LAKEVIEW AVE					ress (P.O. Box Number is Not Acceptable)		
	TE 800 St palm beach fl 33401		83				
The strain serious a contract				84 City		<b>85</b> Zip Code	
11. Pursuant to the provisions of Sections 607 0502 and 607.1508. Florida Statutes, the above-named corporation of registered agent, or both, in the State of Florida. Such change was authorized by the corporation agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					oration submits this statement for the p	urpose of changing its registered	
agent. Lar SIGNATURE	m familiar with, and accept the obliga	ations of, Section 607.0505, F	londa Statule	s	Cracon of Medicina Thereby accept	The appointment as registeren	
12.	Signatur type Forgus strain orthog sendary OFFICERS AN	chand this happing the transfer that DIRECTORS	13.	gert signature requir	eduse researcy ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12	
TITLE NAME	D Milidrag, George D	DELFTE	DELETE 11THE			Change Addition	
STREET ADDRESS	445 ANTIQUA LANE PALM BEACH FL	ANTIQUA LANE		ET ADDRESS			
CITY - ST - ZIP TITLE	PALM DEAUTI FL	DELETE	2.1 Tofale			Change Addition	
NAME Street address			2.2 NAM8	EL ADORESS			
CITY - ST - ZIP		Others	2 4 CITY ST-ZIP				
TITLE NAME			3.1 TILLE 3.2 NAME			Change Addit on	
STREET ADDRESS CITY - ST - ZIP			3.3 STREET ADDRESS 3.4 CHY+S1+ZIP				
TITLE	DELETE		4 1 TITLE			Change Addition	
NAME STREET ADORESS			4 2 NAM 4 3 STREE	E' ADDRESS			
CITY-S1-ZIP TITLE	DELETE		4.4 CHY - 5.1 ft*LE			Chara: L Addhan	
NAME			52 NAME			Change Addition	
STREET ADDRESS  CITY - ST - ZIP			5 3 STREE 5 4 City -	F1 ADDRESS SI - ZIP			
TITLE NAME		DELETE	61 T/TLE			Change Addition	
STREET ADDRESS			6.2 NAME 6.3 STRFE	EL ADURESS			
CITY-ST-ZIP  14.   do hereb	y certify that the information supplied	d with this filing is voluntarily fo	640ily- urnished and	closs not quali	ify for the exemption stated in Section 1	19 07(3)(k) Florida Statutes T	
made und		or of Mail around the rec	nerital annual nesver or trust	report is true a lee empowered	and accurate and that my signature shall to execute this report as required by (		
SIGNATURE: Sun, / helier /16/91, (96) 588 4280							
SIGNATURE AND TYPEOLOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							