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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

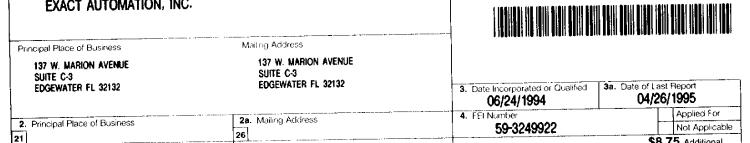
1996 **DOCUMENT #** 

1. Corporation Name

P94000048418 (5)

EXACT AUTOMATION, INC.

**EDGEWATER FL 32132** 



Suite, Apt. #,	etc.	h— ¬	Suite, Apt. #, etc.			5. Certificate of Status Desired		Fee Required	
City & State		City & State	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip Country		Zip	Country 30			1 Iolida Ciatotea	′es ∐No		
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
	3, 114110		8	11	Name				
COLE, ROBERT V 137 W. MARION AVENUE SUITE C-3					Street Addre	ss (P.O. Box Number is Not Accep	table)		

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. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.

84 City

SIGNATURE	grafure, typed or printed manieroting seems a gert and the diagree label	Note Re	gratered Agent signal instreques	en who installed DATE
	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTURS IN 12
12.	DP	DELETE	1 1 TITLE	Change Addition
TITLE	COLE, ROBERT V.		1 2 NAME	
NAME	137 W. MARION AVE., C3		1 3 STREET ADDRESS	
STREET ADDRESS	EDGEWATER FL		14 CITY - ST - ZIP	
CITY-ST-ZIP	EDGENATERIC	DELETE	2 1 Till(E	Change Addition
TITLE	PDAY THOMAS I		2.2 NAME	
NAME	BRAY, THOMAS J. 		2.3 STREET ADDRESS	+
	EDGEWATER FL		2.4 CiTV S1-7iP	
CITY-ST-ZIF	ELOCWATEN FL	DELETE	3 1 TULF	Change Addition
TITLE		L. J. D. C. C. L.	3.2 NAME	ļ
NAME			3.3 STREET ADDRESS	
STREET ADDRESS			34 COV+ST-ZIP	
CiTY - \$1 - ZIP		DELETE	4 1 TIFLE	Change Addition
TITLE			4.2 NAME	
NAME				
STREET ADDRESS			43 STREET ADDRESS	
CITY - ST - ZIP		E DOLETE	4.4 GITY - ST - 7/P 5.1 TITLE	Change Addition
TITLE		DELETE		
NAME			5.2 NAMe	
STREET ADDRESS			5 3 STREET ADDRESS	
CITY-ST-ZIP			54 CITY - ST - ZIP	Change Addition
TOLE		DELETE	6 I TITLE	'g*
NAME			6.2 NAME	
STREET ADDRESS			6 3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CHTY - ST - ZIP	Coston 110 07/2/84 Florida Statutes   further

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and loses 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 undercertify 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 undercertify 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 origin attachment with an ardress.

SIGNATURE:

CR2E034 (12/95)

\$8.75 Additional

Zip Code

85