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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000067119 (5)**

1. Corporation Name
ROBOTIC WORKSPACE TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
14840 CANAAN DRIVE FT. MYERS FL 33908	14840 CANAAN DRIVE FT. MYERS FL 33908

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/09/1994**
3a. Date of Last Report:
4. FEI Number: **65-0530259** [ ] 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 [X] No

2. Principal Place of Business	2a. Mailing Address
21 17105 San Carlos Blvd.	26
Suite, Apt. #, etc. 22 A6151	Suite, Apt. #, etc. 27
City & State 23 Ft. Myers Beach, FL	City & State 28
Zip / Country 24 33931-5336 25 Lee	Zip / Country 29 30

9. Name and Address of Current Registered Agent

WEISEL, WALTER K
14840 CANAAN DRIVE
FT. MYERS FL 33908

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 617.1508, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	11 TITLE **President** [ ] Change [X] Addition 12 NAME **Walter K. Weisel** 13 STREET ADDRESS **14840 Canaan Drive** 14 CITY-ST-ZIP **Ft. Myers, FL 33908**
TITLE NAME STREET ADDRESS CITY-ST-ZIP	21 TITLE **Secretary** [ ] Change [X] Addition 22 NAME **Connie Weisel** 23 STREET ADDRESS **14840 Canaan Drive** 24 CITY-ST-ZIP **Ft. Myers, FL 33908**
TITLE NAME STREET ADDRESS CITY-ST-ZIP	31 TITLE [ ] Change [ ] Addition 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	41 TITLE [ ] Change [ ] Addition 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	51 TITLE [ ] Change [ ] Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	61 TITLE [ ] Change [ ] Addition 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP

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4-25-96

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)(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: Walter K Weisel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-466-0488
Daytime Phone #