

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000075753 (1)**

1. Corporation Name

**SCIENTIFIC CONSULTING AND ACCIDENT ANALYSIS, INC**



Principal Place of Business

**9417 S.W. 53RD LANE  
GAINESVILLE FL 32608**

Mailing Address

~~9417 S.W. 53RD LANE  
GAINESVILLE FL 32608~~

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

Mailing Address

26 **P. O. Box 14033**

27 Suite, Apt. #, etc.

28 **Gainesville, FL**

29 Zip Country

3. Date Incorporated or Qualified  
**10/13/1994**

3a. Date of Last Report  
**06/27/1995**

4. FEI Number

**59-3277962**

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  No

9. Name and Address of Current Registered Agent

**VAN RINSVELT, HENRI A  
9417 S.W. 53RD LANE  
GAINESVILLE FL 32608**

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 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent and title, if applicable)

(NOTE: Registered Agent's signature not required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE  DELETE  
NAME **D IPSEY, JAMES R**  
STREET ADDRESS **DEPT. OF PHYSICS, UNIVERSITY OF FLORIDA**  
CITY-ST-ZIP **GAINESVILLE FL 32611**

TITLE  DELETE  
NAME **D VAN RINSVELT, HENRI A**  
STREET ADDRESS **DEPT. OF PHYSICS, UNIVERSITY OF FLORIDA**  
CITY-ST-ZIP **GAINESVILLE FL 32611**

TITLE  DELETE  
NAME **D STANTON, CHRISTOPHER J**  
STREET ADDRESS **DEPT. OF PHYSICS, UNIVERSITY OF FLORIDA**  
CITY-ST-ZIP **GAINESVILLE FL 32611**

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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)(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 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, unchanged, or on an attachment with an address.

SIGNATURE: *James R. Ipser* James R. Ipser

Date: **5/1/96**

Daytime Phone #: **352-392-0511**

CR2E034 (12/95)