

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

FILED

**May 07 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 P.O. BOX 14033 GAINESVILLE FL 32604 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/13/1994	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 59-3277962	Applied For <input type="checkbox"/> Not Applicable
23 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	


9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
VAN RINSVELT, HENRI A 9417 S.W. 53RD LANE GAINESVILLE FL 32608				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 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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IPSER, JAMES R	12 NAME	
STREET ADDRESS	DEPT. OF PHYSICS, UNIVERSITY OF FLORIDA	13 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE FL 32611	14 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN RINSVELT, HENRI A	22 NAME	
STREET ADDRESS	DEPT. OF PHYSICS, UNIVERSITY OF FLORIDA	23 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE FL 32611	24 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANTON, CHRISTOPHER J	32 NAME	
STREET ADDRESS	DEPT. OF PHYSICS, UNIVERSITY OF FLORIDA	33 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE FL 32611	34 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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, on an attachment with an address.

SIGNATURE:  **James R. Ipsen** 4/30/98 352-392-0511

CR2E034 (10/97)