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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000087072 (2)

ASON ENGINEERING, INC.

Principal Place of Business

2. Principal Place of Business

Suite 2050

City & State

33301

Ft.

Zip

22

23

24

Mailing Address

2a. Mailing Address

28

29

9. Name and Address of Current Registered Agent

Zφ

33301

Suite 2050 City & State

200 EAST LAS OLAS BLVD. STE. 1270 FORT LAUDERDALE FL 33301

200 E. Las Olas Blvd. Suite, Apt. #. etc.

Lauderdale, F.

Brinkley. W M

25

FORT LAUDERDALE FL 33301

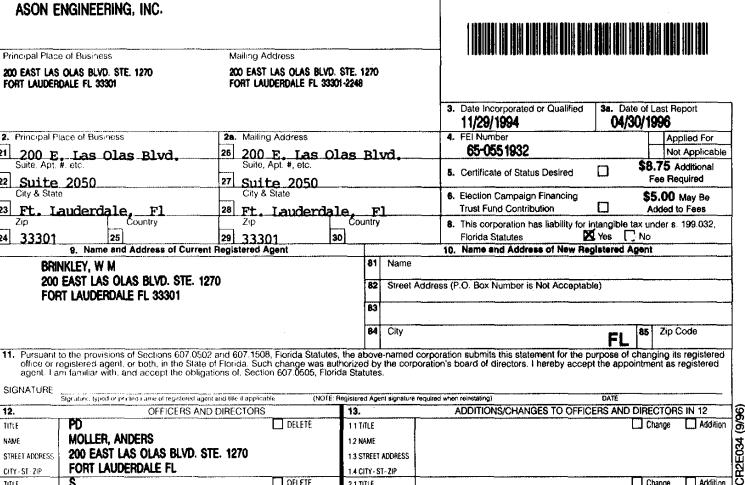
200 EAST LAS OLAS BLVD. STE. 1270

200 EAST LAS OLAS BLVD. STE. 1270 FORT LAUDERDALE FL 33301-2248

Lauderdale

30

FILED Jan 29 1997 8:00am Secretary of State



Signature, typod or printed rame of registered agent and title if applicable 12. OFFICERS AND DIRECTORS 13. PD DELETE TITLE 11 TITLE MOLLER, ANDERS 12 NAME NAME 200 EAST LAS OLAS BLVD, STE, 1270 STREET ADDRESS 1.3 STREET ADDRESS FORT LAUDERDALE FL CITY ST ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE FORD, JANICE NAME 2.2 NAME 200 EAST LAS OLAS BLVD., STE. 1270 2.3 STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Addition 3.1 TITLE Change TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY ST ZIP DELETE Change Addition TIFLE 4.1 TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change __ Addition 5.1 TITLE TITLE 52 NAME NAME **53 STREET ADDRESS** STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6 1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST-ZIP CITY ST-ZIP

14. I do 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, or on an attachment with an address.

SIGNATURE:

G OFFICER OR DIRECTOR