

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000088022

1. Corporation Name

POLYCORE TECHNOLOGIES, INC.

Principal Place of Business
3950 Dow Rd.
Suite A
Merritt Island, FL
32935

Mailing Address
P O Box 2577
Merritt Island, FL 32902

2. Principal Place of Business

21 3950 Dow Rd.

Suite, Apt. #, etc.

22 Suite A

City & State

23 Melbourne, FL

Zip

24 32902

County

25 Brevard

2a. Mailing Address

26 P. O. Box 2577

Suite, Apt. #, etc.

27

City & State

28 Melbourne, FL

Zip

29 32902

Country

30 Brevard

3. Date Incorporated or Qualified

12/05/1994

3a. Date of Last Report

4. FET Number

59-3306084

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

10. Name and Address of New Registered Agent

Fairbanks, Dennis F.
301 Magnolia Ave.
Merritt Island, FL 32952

81. Name

James L. Reinman

82. Street Address (P.O. Box Number is Not Acceptable)

1825 S. Riverview Dr.

83.

84. City

Melbourne

FL

85. Zip Code
32901

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

James L. Reinman

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME Wood, Stephanie
STREET ADDRESS 2145 Canterbury Lane
CITY-STATE-ZIP Melbourne, FL 32935

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME D/P
1.3 STREET ADDRESS Randal B. Lord
3950 Dow Rd., Ste. A
1.4 CITY-STATE-ZIP Melbourne, FL 3290234

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME D/S/T
2.3 STREET ADDRESS Robert M. Scharf
3950 Dow Rd., Ste. A
2.4 CITY-STATE-ZIP Melbourne, FL 3290234

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

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***225.00

6/10/96

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)(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 if changed, or on an attachment with a signature.

SIGNATURE: Robert M. Scharf

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert M. Scharf
May 30, 1996
407-254-7315

CR2E034 (12/95)