

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 # **P94000092495 (8)**

1. Corporation Name
ENGINEERING SYSTEMS, INC.



Principal Place of Business: **751 PINELLAS BAY WAY SUITE 104A TIERRA VERDE FL 33715**
Mailing Address: **P O BOX 67405 ST PETERSBURG BEACH FL 33736-7405**

3. Date Incorporated or Qualified 12/22/1994	3a. Date of Last Report 03/07/1995
4. FEI Number 59-3292262	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25.	30.

9. Name and Address of Current Registered Agent
**NATIONSCORP REGISTERED AGENTS, INC.
526 EAST PARK AVE SUITE 200
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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 _____

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
	PTD			<input type="checkbox"/> DELETE	GRAVES, RALPH A			<input type="checkbox"/> DELETE				<input type="checkbox"/> DELETE			
		751 PINELLAS BAY WAY SUITE 104A	TIERRA VERDE FL 33715												

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

11. TITLE	12. NAME	13. STREET ADDRESS	14. CITY, ST, ZIP	15. TITLE	16. NAME	17. STREET ADDRESS	18. CITY, ST, ZIP	19. TITLE	20. NAME	21. STREET ADDRESS	22. CITY, ST, ZIP	23. TITLE	24. NAME	25. STREET ADDRESS	26. CITY, ST, ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Change <input type="checkbox"/> Addition			

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 supplementary 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: *Ralph A Graves* **2-1-94** **844-8277**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date

CR2E034 (12/95)