

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State

4-9-96 B 3268 C

DOCUMENT # P95000020772 (6)

1. Corporation Name
CEPCOR INDUSTRIES, INC.



Principal Place of Business: **2501 REGAL OAKS LANE LUTZ FL 33549**
Mailing Address: **2501 REGAL OAKS LANE LUTZ FL 33549**

3. Date Incorporated or Qualified: **03/13/1995**
3a. Date of Last Report: **03/13/1995**
4. FID Number: **59-3303606**
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

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

9. Name and Address of Current Registered Agent
**MCCONNELL, DAVID
2501 REGAL OAKS LANE
LUTZ FL 33549**

10. Name and Address of New Registered Agent
81. Name:
82. Street Address (P.O. Box Number is Not Acceptable):
83. City:
84. City:
85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.06(2) and 607.06(3), 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 607.06(3), Florida Statutes.

SIGNATURE: *David McConnell* **4/8/96**

12. OFFICERS AND DIRECTORS

TITLE: D	<input type="checkbox"/> DELETE
NAME: MCCONNELL, DAVID	
STREET ADDRESS: 2501 REGAL OAKS LANE	
CITY, ST, ZIP: LUTZ FL 33549	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY, ST, ZIP:	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY, ST, ZIP:	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY, ST, ZIP:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME:	
13. STREET ADDRESS:	
14. CITY, ST, ZIP:	
21. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME:	
23. STREET ADDRESS:	
24. CITY, ST, ZIP:	
31. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME:	
33. STREET ADDRESS:	
34. CITY, ST, ZIP:	
41. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME:	
43. STREET ADDRESS:	
44. CITY, ST, ZIP:	
51. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME:	
53. STREET ADDRESS:	
54. CITY, ST, ZIP:	
61. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME:	
63. STREET ADDRESS:	
64. 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 resident or business empowers 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 affidavit with an address.

SIGNATURE: *David McConnell* **4/8/96** **813 977-8206**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)