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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

| DOCUMENT # | P95000085615 | (9 |
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| IHI IEC | CHNICAL RESEARCH IND | OUSTRIES, INC. | | | | A DANIELD SIE SEIN BIEN BERN BERN BE | Hai aa lei aal i |) (818) 61156 £111 | N MADA BAK ATAL |
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| rincipal Place of I | Business | Mailing Address | | | | I I I I I I I I I I I I I I I I I I I | | | |
| P.O. BOX 752 | 4 | P.O. BOX 7524 | | | | | | | |
| OCALA FL 34472 OCALA FL 34472 | | | | | | 3. Date Incorporated or Qualified | 3a Da | te of Last Be | eod |
| | | | | | | 11/07/1995 | Ja. Da | | |
| | 15 | 2a. Mailing Address | | | | 4. FEI Number | | IA | pplied For |
| Principal Place of Business 2a. Mailing Address 26 | | | | | 5933395 a0 | | | ot Applicable | |
| Suite, Apt. #, 6 | etc. | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | | | Additional lequired |
| | | 27 | | | | • Flanting Convenient Financials | | | May Be |
| City & State | ··· | City & State | | | | Election Campaign Financing Trust Fund Contribution | | | to Fees |
| L | Country | 28 Zip | Con | intry | | 8 This corporation has liability for | intangible | tax under s | 199.032 |
| Zip | 25 | 29 | 30 | • | | Florida Statutes | s 📝 No | | |
| | g Name and Address of Curre | | | | | 10. Name and Address of New | Registere | d Agent | |
| | | | | 1 1 | Name | | | | |
| CORPOR | RATION SERVICE COMPANY | | | 82 | Street Addr | ess (P.O. Box Number is Not Accepta | ible) | | |
| | AYS STREET | | | | | | | | |
| | ASSEE FL 32301-2525 | | | 83 | | | | | |
| | | | | 84 | City | | F | 85 Zr | Code |
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| | d agent, or both, in the State of Floi , and accept the obligations of, Sec | | | corpo | ration's boar | ration submits this statement for the p ind of directors. Thereby accept the ap | portinon. | do regiment | -5 |
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14. I do hereby certify that the information supplied with this filting is volcinitarily furnished and obes not equally of the electrician state of the same legal offect as if made under 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 offect as if made under certify that I am an officer or director of the corporation or the receiver or trusted 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 all trusted empowered to execute this report as required by Chapter 607.

SIGNATURE:

OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR