

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000007122 (0)

1. Corporation Name

APPLIED ENGINEERING CONCEPTS, INC.



Principal Place of Business 8541 SOUTHWEST 9 STREET PEMBROKE PINES FL 33023	Mailing Address 8541 SOUTHWEST 9 STREET PEMBROKE PINES FL 33023-1002
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3. Date Incorporated or Qualified 01/23/1996	3a. Date of Last Report
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2. Principal Place of Business 21 19640 SW 14 Ct. Suite, Apt. #, etc. 22 City & State 23 Pembroke Pines, FL Zip 24 33029 Country 25 USA	2a. Mailing Address 26 PO Box 126403 Suite, Apt. #, etc. 27 City & State 28 HIALEAH FL Zip 29 33012 Country 30 USA
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4. FEI Number 65-0637505	Applied For 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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD 343 ALMERIA AVENUE CORAL GABLES FL 33134	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
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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:  LEIGH B. LAKE 4-25-97
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PSID <input type="checkbox"/> DELETE
NAME	LAKE, LEIGH B
STREET ADDRESS	8541 SOUTHWEST 9 STREET
CITY-ST-ZIP	PEMBROKE PINES FL 33023
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	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PRESIDENT, Vice Pres., Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LEIGH B. LAKE
1.3 STREET ADDRESS	19640 SW 14 Ct.
1.4 CITY-ST-ZIP	Pembroke Pines FL 33029
2.1 TITLE	SECRETARY, TREASURER, Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MANUEL SANCHEZ
2.3 STREET ADDRESS	19640 SW 14 Ct.
2.4 CITY-ST-ZIP	Pembroke Pines FL 33029
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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:  LEIGH B. LAKE 4-25-97 (305) 820-0550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)