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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000037596 (9)

MECHANICAL RESEARCH & DESIGN CORP.

| Principal Place of Business                     | Mailing Address                                 |  |  |  |  |
|---|---|--|--|--|--|
| 100 INDUSTRIAL PARK BLVD.<br>SEBASTIAN FL 32858 | 100 Industrial Park BLVD.<br>Sebastian FL 32958 |  |  |  |  |
| 2. Principal Place of Business                  | 2a. Mailing Address                             |  |  |  |  |
| -Sulte, Apt. #, etc.                            | Suite, Apt. #, etc.                             |  |  |  |  |
| 2   | 27  |  |  |  |  |

## **FILED** Feb 02 1998 8:00am Secretary of State



| Principal Place of Business                     |  | Mailing A              | ddress  |               |                 | a compreme the series matter matter and best beste beste beste seam Metre forth ofth row |                              |                            |                             |
|---|--|------------------------|---|---------------|-----------------|--|------------------------------|----------------------------|-----------------------------|
| 100 INDUSTRIAL PARK BLVD.<br>SEBASTIAN FL 32958 |  |                        | 100 Industrial Park BLVD.<br>Sebastian FL 32958 |               |                 |  |                              |                            |                             |
|   |  | SEBASTI                |   |               |                 | DO NOT WRITE IN THIS SPACE   |                              |                            |                             |
|   |  |                        |   |               |                 | 3. Date Incorporated or Qualifie   |                              |                            | -                           |
|   |  |                        |   |               |                 | 04/30/1996   |                              |                            |                             |
| 2. Principal Pla                                | ce of Business   | 2a. Mailing            | Address   |               |                 | 4. FEI Number  |                              | A                          | pplied For                  |
| 21  |  | 26                     |   |               |                 | 54-1362124   |                              | N                          | ot Applicable               |
| -Sulte, Apt. #                                  | , etc.   | <u>├</u>               | Apt. #, etc.                                    |               |                 | 5. Certificate of Status Desired   |                              |                            | Additional                  |
| 22  |  | 27                     | 04-4-   |               |                 |  |                              |                            | equired                     |
| City & State                                    |  | <u></u> ⊢ '            | City & State                                    |               |                 | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution . Added to Fees     |                              |                            |                             |
| <b>Z</b> ip                                     | Country  | 28 Zip                 | ———   | Country       |                 | Trust Fund Contribution  |                              |                            |                             |
| 24  | 25   | 29                     | <u> </u>  | ю]            |                 | 8. This corporation owes or has<br>Personal Property Tax due Ju                          |                              |                            | tangible  <br>  No          |
| 24  | 9. Name and Address of C   |                        |   | 101           |                 | 10. Name and Address of New  |                              |                            | <u> </u>                    |
| DINC  | D, RICK  |                        |   | 81            | Name            |  |                              |                            |                             |
| 6520 114TH LANE                                 |  |                        | 82  |               |                 |  |                              |                            |                             |
|   | A\$TIAN FL 32958   |                        |   |               | Street Add      | Iress (P.O. Box Number is Not Acceptable)  |                              |                            |                             |
| OLD   | TOTAL L DESGO  |                        |   | 83            |                 |  |                              |                            |                             |
|   |  |                        |   | 84            | City            |  |                              | AF   7:0                   | Codo                        |
|   |  |                        |   | 154           | City            |  | FL                           | .   <b>85</b>   Ζίρ        | Code                        |
| office or reg                                   | o the provisions of Sections 60:<br>gistered agent, or both, in the<br>familiar with, and accept the | State of Florida. Such | i change was au                                 | thorized by   | the corpora     | rporation submits this statement for thation's board of directors. I hereby ac           | e purpose of<br>cept the app | changing it<br>ointment as | ts registered<br>registered |
| SIGNATURE                                       | Ignature, typed or printed name of register  |                        |   |               |                 | uitea when reinslating)  | DATE                         |                            |                             |
| 12.   |  | S AND DIRECTORS        | , (10) L  | 13.           | in organization | ADDITIONS/CHANGES TO OF  |                              | DIRECTOR                   | RS IN 12                    |
| TALE  | Ď  |                        | DELETE  | 1.1 TOTLE     |                 |  |                              | ☐ Change                   | Addition                    |
| NAME  | PINO, RICK   |                        |   | 1.2 NAME      |                 |  |                              |                            |                             |
| STREET ADDRESS                                  | 6520 114TH LANE  |                        |   | 1.3 STREET    | ADDRESS         |  |                              |                            |                             |
| CITY-ST-ZIP                                     | SEBASTIAN FL 32958   |                        |   | 1.4 CITY-S    | 7 - ZIP         |  |                              |                            |                             |
| TITLE   |  |                        | DELETE  | 2.1 TITLE     |                 |  |                              | Change                     | Addition                    |
| NAME  |  |                        |   | 2.2 NAME      |                 |  |                              |                            |                             |
| STREET ADDRESS                                  |  |                        |   | 2.3 STREET    | ADDRESS         |  |                              |                            | -                           |
| CITY-ST-ZIP                                     |  |                        |   | 2 4 CITY-S    | I - ZIP         |  |                              |                            |                             |
| TITLE   |  |                        | ☐ DELETE  | 3.1 117LE     |                 |  |                              | Change                     | Addition                    |
| NAME  |  |                        |   | 3.2 NAME      |                 |  |                              |                            |                             |
| STREET ADDRESS                                  |  |                        |   | 3.3 STREET    | ADDRESS         |  |                              |                            |                             |
| CITY-ST-ZIP                                     |  |                        |   | 3.4. CITY - S | T-7IP           |  |                              |                            |                             |
| TITLE   |  |                        | ∐ DELETE  | 4.1 TITLE     |                 |  |                              | ∐ Change                   | Addition                    |
| NAME  |  |                        |   | 4. 2 NAME     |                 |  |                              |                            |                             |
| STREET ADDRESS                                  |  |                        |   | 4.3 STREET    | ADDRESS         |  |                              |                            |                             |
| CITY-ST-ZIP                                     |  |                        | I DELETE  | 4.4 CITY - ST | I - ZIP         |  |                              | T-1 &                      | 1.000                       |
| TITLE   |  |                        | ☐ DELETE  | 5.1 TITLE     |                 |  |                              | Change                     | Addition                    |
| NAME  |  |                        |   | 5.2 NAME      |                 |  |                              |                            |                             |
| STREET ADDRESS                                  |  |                        |   | 5.3 STREET    | ŀ               |  |                              |                            |                             |
| CITY-ST-ZIP                                     |  |                        | l ocuere  | 5.4 CITY - S1 | - ZIP           |  | <del></del>                  | Па.                        | 1 44355                     |
| TITLE   |  |                        | ☐ DELETE  | 6.1 TITLE     |                 |  |                              | ☐ Change                   | Addition                    |
| NAME  |  |                        |   | 6.2 NAME      |                 |  |                              |                            |                             |
| STREET ADDRESS                                  |  |                        |   | 6.3 STREET    | ADDRESS         |  |                              |                            |                             |
| CITY-ST-ZIP                                     |  |                        |   | 6.4 CITY - ST | - ZIP           |  |                              |                            | - 1                         |

14. I 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 trusted employed do 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 indirect