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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

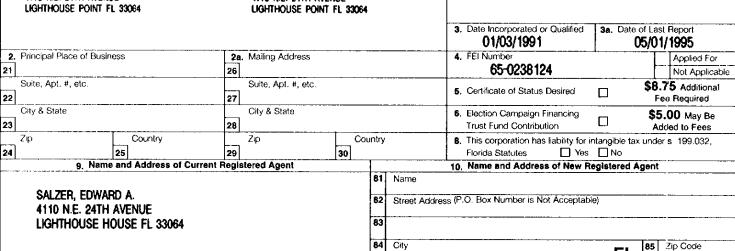
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ENGINEERED RESEARCH ASSOCIATES, INC.

Principal Place of Business 4110 N.E. 24TH AVENUE Mailing Address

4110 N.E. 24TH AVENUE



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 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

ŞI	lynature, typed or printed name of registered agent and title	NOTE: Registered Agent signature required when reinstating)		DATE		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TIFLE	PCD	☐ DELETE	1. 1 TITLE	•	☐ Change	Addition
NAME	andreotti, Eugene R.		1.2 NAME			
STREET ADDRESS	4110 N.E. 24TH AVE.		1.3 STREET ADDRESS			
CITY - ST - ZIP	LIGHTHOUSE POINT FL		1.4 CITY-ST-ZIP			
TITLE	VD	☐ DELETE	2. 1 7tTLE		☐ Change	☐ Addition
NAME	andreotti, peter e.		2.2 NAME			
STREET ADDRESS	3950 N.W. 75TH TERR.		2 3 STREET ADDRESS			
CITY-ST-ZIP	LAUDERHILL FL		2.4 CITY-ST-ZIP			
TITLE	\$D	☐ DELETE	3. 1 TITLE		☐ Change	Addition
NAME	andreotti, betty B.		3.2 NAME			
STREET ADDRESS	4110 N.E. 24TH AVE.		3.3 STREET ADDRESS			
CITY-SI-ZIP	LIGHTHOUSE POINT FL		3.4 CITY - ST - ZIP			
TITLE		☐ DELETE	4. 1 TITLE		Change	☐ Addition
NAMé			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		☐ DELETE	5. 1 TITLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY+ST-ZIP			
ITLE		☐ DELETE	6. 1 TITLE		☐ Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-\$1-ZIP			6.4 CITY - ST - ZIP			

ormation 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 dicated 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 rector of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name I do hereby certify that the in certify that the information in oath; that I am an officer or appears in Block 12 or Bloc

SIGNATURE:

CR2E034 (12/95)