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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Socretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # S23152

191

1. Corporation	IPION ENGINES, INC.	(0)		t is the district of the color	IA (iði Siki Ciði) Biði Diði Diði Diði diði diði	
Principal Plan	os of Business					
Principal Place of Business 3058 SE MONROE ST STUART FL 34997		Mailing Address			an man grant drate Eilet Biblt Albit Billi 1861	
		3058 SE MONROE ST STUART FL 34997				
				3. Date Incorporated or Qualified 01/07/1991	3a. Date of Last Report 05/01/1995	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number NOT APPLICABLE	Applied For	
Suite, Apt. #, etc.		26			Not Applicable	
22 City & Star		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
23		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24 ,	Country 25	Ζ _Ι τ.	Gountry 30	8. This corporation has liability for Florida Statutes Yes		
ļ	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New I		
FOGT, THOMAS A., ESQ. 700 COLORADO AVE. STUART FL 34994			81 Name			
			82 Street Ado	82 Street Address (P.O. Box Number is Not Acceptable)		
			<u> </u>	<u> </u>		
SIUARI	I FL 34994		83			
l			84 Ory		85 Zip Code	
11 Pursuant	to the provisions of Sections 607 050	2 - 1002 1000 5				
or register	red agent, or both, in the State of Flor	z and 607.1508, Florida Statute ida. Such change was authoriza	is, the above named corpo ed by the corporation's boa	ration submits this statement for the purard of directors. Thereby accept the app	rpose of changing its registered office	
•	ith, and accept the obligations of, Sec	tion 607.0505, Florida Statutes.		and the difference of the difference differe	omment as registered agent, Fam	
SIGNATURE .	Signature, type tron protect name of registered agen	t accepted and said (No.	c. Registrical Agent Signifular require	a v		
12,	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PO	☐ DELETE	1 : TITLE	TIBETTO OFFICE TO OFF	Change Addition	
NAME	ALEXANDER, WILLIAM T.		1.2 NAME		El orange El Addition	
STREET ADDRESS			1.3 STREET ADDRESS			
CITY-ST-ZIP	STUART FL		1.4 CITY - ST - ZIP			
TITLE	STD	☐ DELFTE	2 1 TITLE		Change Addition	
NAME	ALEXANDER, SALLIE		2.2 NAME			
STREET ADDRESS	86 S SEWALLS PT RD		2.3 STREET ADDRESS			
CITY-ST-ZIP	STUART FL		2.4 CITY-SI-ZIP			
THILE		☐ DELETE	3 1 TIFLE		Change Addition	
NAME STREET ADDRESS			3.2 NAME		•	
STREET ADDRESS			33 STREET ADDRESS			
CITY-ST-ZIP TITLE		E DELETE	3 4 C+TY - ST - ZIP			
NAME		DELF IE	4. 1 TITLE	1 money	Change Addition	
STREET ADDRESS			4 2 NAME	4 5 10 10 10 11 6 16 -05/02/90 1 6 16	[동독교1	
CITY-ST-ZIP	<u> </u>		4.3 STREET ADDRESS	10000186 -05/02/96010 ***200.00	0.00630	
TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE			
NAME		Land Decert	5.2 NAME		Change Addition	
STREET ADDRESS			5.3 STREET ADDRESS		i	
CHY-ST-ZIP			5.4 City-St. ZIP		j	
TITLE		☐ DELFTE	6 : TITLE		Change Again	
NAME		_	6.2 NAME		C. C	
STREET ADDRESS			6.2.27.4551.4505.55		()/~17	

64 CHY 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPEO(OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

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CITY - ST - ZIP