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

PROFIT CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS **FILED**

Apr 29 1997 8:00am

Secretary of State

DOCUMENT # \$65962

FIX ENGINEERING DEVELOPMENT CORPORATION

•					Î.A.D.) B.A.H. Î.A.H. Î.A.H. D.X.H.Y. B.B.Y. A.D.H
'Principal Place of Business		Mailing Address			8 (B
1501 DECKER AVENUE #523 STUART FL 34994		P.O. BOX 1847 PALM CITY FL 34991-6847 US			
U\$ 				3. Date Incorporated or Qualified 07/09/1991	3a. Date of Last Report 05/01/1996
 -	lace of Business	2a. Mailing Addre	ss	4. FEI Number	Applied For
21		26		65-0271953	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State			Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	Zip	Country		
24	25	29	30	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes 🔲 No
	9. Name and Address of Currer			10. Name and Address of New Reg	
FIX.	JOHN		81 Name		
15/1 DECKED AVENUE			B2 Street Add	dress (P.O. Box Number is Not Acceptab	
	TE 523		BZ Street Add	iress (P.O. Box Number is Not Acceptab	(c)
STUART FL 34994			B3		
			64 63		
'			84 City		FL 85 Zip Code
11. Pursuant office or re agent. I a	to the provisions of Sections 607.050 egistered agont, or both, in the State m familiar with, and accept the oblig	02 and 607,1508, Florid of Florida. Such chang ations of, Section 607.0	a Statutes, the above-named cor- ie was authorized by the corpora 505, Florida Statutes.	poration submits this statement for the portion's board of directors. I hereby accep	urpose of changing its registered I the appointment as registered
SIGNATURE					
	Signature, typed or printed name of registered ago		(NOTE: Registered Agent signature requ		OA1)
12.	D OFFICERS AN	D DIRECTORS	13. ETE 1.1 TILLE	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12 Change Addition
NAME	FIX, JOHN		1.2 NAME		Change Addition
STREET ADDRESS	1501 DECKER AVE. SUITE 52	3	1.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL	•			
TITLE	DP	D DEL	1.4 C(TY - \$1 - Z(P) ETE 2.1 T(T)		Change Addition
NAME	FIX. JOHN		2.2 NAME		
STREET ADDRESS	1501 DECKER AVE #523		2.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL		2. 4 C(1Y - S1 - Z)P		
TITLE	ST	DEL			☐ Change ☐ Addition
NAME	FIX, JOHN		3.2 NAME		_ , _
STREET ADDRESS	1501 DECKER AVE #523		3.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL		3.4 CITY - ST - ZIP		
TITLE		☐ DEL			Change Addition
NAME			4. 2 NAMC		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DEL	ETE 5.1 117LF		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY+ST-7/P		
TITLE		□ DEL	ETE G.1 TITLE		Change Addition
,name			6.2 NAME		
OTDECT ADODESC			0.0000000000000000000000000000000000000		

6.4 CHY-\$1-7IP 14. I do hereby certify that the information supplied with this filling 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 of 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, on an attachment with an addition.