

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Munham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S67973** (5)

1. Corporation Name

OVERNIGHT ENGINEERING SYSTEMS, INC.

Principal Place of Business

**1360 S.W. 32 WAY
DEERFIELD BEACH FL 33442**

Mailing Address

**1360 S.W. 32 WAY
DEERFIELD BEACH FL 33442**



2. Principal Place of Business

2a. Mailing Address

21 1360 SW 32ND Way

26 1360 SW 32ND WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 DEERFIELD BEACH, FL

28 DEERFIELD BEACH, FL

Zip

Zip

Country

Country

24 33442 25 USA

29 33442

30 USA

9. Name and Address of Current Registered Agent

**LUBOWICKI, MICHAEL
606-A ENFIELD STREET
BOCA RATON FL 33442**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0802 and 607.1503, 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. Thereby, accept the appointment as registered agent, I am:

SIGNATURE

Michael Lubowicki, President

12. OFFICERS AND DIRECTORS

TITLE	DPST	[] DELETE
NAME	LUBOWICKI, MICHAEL	
STREET ADDRESS	660-A ENFIELD STREET	
CITY-STATE-ZIP	BOCA RATON FL 33447	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	[] Change [] Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	[] Change [] Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	[] Change [] Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	[] Change [] Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	[] Change [] Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption statement, Section 119.07(9)(a), 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 it made under oath, that I am an officer or director of the corporation, or the person or persons 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:

Michael Lubowicki

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-896

954 570 9860

CR2E034 (12/95)