

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S93160** (7)

1. Corporation Name
CYRIX ENGINEERING, INCORPORATED



Principal Place of Business: **5899 WHITFIELD AVE. SUITE 200-A SARASOTA FL 34243**
Mailing Address: **5899 WHITFIELD AVE. SUITE 200-A SARASOTA FL 34243**

2. Principal Place of Business: **5887 whitfield avenue**
2a. Mailing Address: **5887 whitfield avenue**
23. **Sarasota, Florida**
28. **Sarasota, Florida**

3. Date Incorporated or Qualified: **11/12/1991**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0298532**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**PRIVETTE, J. MARK
8033 TIMBERLAKE LANE
SARASOTA FL 34243**

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of person or persons filing this report

(NOTE: Required Agent signature required when filing this report)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE	PD	<input type="checkbox"/> DELETE
2. NAME	PRIVETTE, J. MARK	
3. STREET ADDRESS	5899 WHITFIELD AVE.	
4. CITY, ST, ZIP	SARASOTA FL 34243	
5. TITLE		<input type="checkbox"/> DELETE
6. NAME		
7. STREET ADDRESS		
8. CITY, ST, ZIP		
9. TITLE		<input type="checkbox"/> DELETE
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. TITLE		<input type="checkbox"/> DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	Privette, J. Mark	
3. STREET ADDRESS	5887 Whitfield Avenue	
4. CITY, ST, ZIP	Sarasota, Florida 34243	
5. TITLE	Vice/Pres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6. NAME	Kenneth R. Palmer	
7. STREET ADDRESS	5887 Whitfield Avenue	
8. CITY, ST, ZIP	Sarasota, Florida 34243	
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		

14. I 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 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 organizer 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, or on an attachment with an address.

SIGNATURE:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/96

941-358-8812

Date

Display Phone #

CR2E034 (12/95)