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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V18419** (4)

1. Corporation Name

COMPOSITES EDUCATION ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**7705 TECHNOLOGY DR.
W. MELBOURNE FL 32904
US**

**PO BOX 130
MELBOURNE FL 32902
US**

3. Date Incorporated or Qualified

03/02/1992

3a. Date of Last Report

04/14/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**HELBLING, PATRICIA A
7705 TECHNOLOGY DR.
W. MELBOURNE FL 32904**

10. Name and Address of New Registered Agent

81

Name

CYR, PATRICIA A.

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

Patricia A. Cyr **PATRICIA A. CYR, PRESIDENT**

4/4/96

Signature, typed or printed name of registered agent and the filer (circle)

(NOTE: Registered Agent's signature required when re-registering)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

**CEO
REICHARD, RONNAL P.
788 ACACIA AVE
MELBOURNE VILLAGE FL**

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

**PS
HELBLING, PATRICIA A
9025 YORK LANE #11F
W MELBOURNE FL**

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

**VPT
LEWIT, SCOTT M
2225 COREY RD
MALABAR FL**

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

D

☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

D

☒ Change ☒ Addition

2.2 NAME

CYR, PATRICIA A.

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

D

☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - 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 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 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, or on an attachment with an address.

SIGNATURE:

Patricia A. Cyr **PATRICIA A. CYR
PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/96 (407) 951-9464

DATE

DATE OF PHONE

CR2E034 (12/95)