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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V18419

(4)

COMPOSITES EDUCATION ASSOCIATION, INC.

7705 TI	pat Place of Busines ECHNOLOGY DR. BOURNE FL 32904	S	Mailing Address PO BOX 130 MELBOURNE FL 32902-0190 US											
										Incorporate 2/1992	d or Qualif		Date of Las	
2. Prii	ricipal Place of Busin	ness	2a. Mailin 26	2a. Mailing Address					4. FEI Number 59-3115674					Applied For Not Applicable
	ite, Apt.#, etc		Suite,	Suite, Apt. #, etc.						icate of Sta	tus Desirec	g 🔘	\$8.7	Additional Required
	y & State		City &	City & State						ion Campai	-	ng 🖂	\$5.0	O May Be
Zip Country 24 25			Z _I p	Zip Country			,		Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No					
	9. Name	and Address of Curre		Agent	301			I	_*	e and Addi	ess of Nev			
	PATRICIA A CY	R		- T		81	Name							
	7705 TECHNOL W. MELBOURN	OGY DR.				82	Street	Addres	s (P.O. B	x Number	s Not Acce	eptable)		······································
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l of	ffice or registered ag gent. Lam familiar wi	sions of Sections 607.05 yent, or both, in the Stat ith, and accept the oblig	te of Florida Suc	chichange was	s authori	ized by	the cor	d corpor rporation	ation subi	mits this sta of directors	tement for I I hereby a	the purpo accept the	se of changing appointment	g its registered as registered
		to: proteo name of ingelered a	gent and title I applica	ible. (N	OTE: Regist	tered Age	ot slopeture	e required	when reinstat	ino)		DA	TE.	
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14. If do hereby certify that the information supplied with this filing 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 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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/97 (407)951-9464

FILED

Apr 30 1997 8:00am

Secretary of State