

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

APPROVED AND FILED

CORPORATION ANNUAL REPORT 1995



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

95 MAY -1 AM 4:49

DOCUMENT # V31185 (4) AMERICAN COMBAT ENGINEERING, INCORPORATED

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business: 3006 W FERN STREET TAMPA FL 33614 Mailing Address: 3006 W FERN STREET TAMPA FL 33614

3. Date Incorporation Created: 04/24/1992 3a. Date of Last Report: 05/01/1994

21. Principal Place of Business: 22. State: 23. City & State: 24. Zip: 25. Locality: 26. Mailing Address: 27. State: 28. City & State: 29. Zip: 30. Locality: NO CHANGES

4. FEI Number: 59-3142698 Applied For: Not Applicable 5. Certificate Status Desired: NO \$8.75 Additional Fee Required 6. Election Campaign Financing: NO \$5.00 May Be Added to Fees 7. This corporation has liability for intangible tax under S. 119.032, Florida Statutes: YES

9. Name and Address of Current Registered Agent: SCHUTT, ROBERT L 3006 W FERN STREET TAMPA FL 33614

10. Name and Address of New Registered Agent: B1. Name: B2. Street Address: B3. City: B4. State: FL B5. Zip Code: NO CHANGES

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: Robert L. Schutt ROBERT L. SCHUTT 4/27/95

12. OFFICERS AND DIRECTORS: PD SCHUTT, ROBERT L 3006 W. FERN ST. TAMPA FL VSD SCHUTT, RHONDA G. 3006 W FERN ST TAMPA FL VTD SCHUTT, NELLIE 3006 W. FERN ST. TAMPA FL None Follows

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12: 1.1 TITLE: 1.2 NAME: 1.3 STREET ADDRESS: 1.4 CITY, ST, ZIP: 2.1 TITLE: 2.2 NAME: 2.3 STREET ADDRESS: 2.4 CITY, ST, ZIP: 3.1 TITLE: 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY, ST, ZIP: 4.1 TITLE: 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY, ST, ZIP: 5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY, ST, ZIP: 6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY, ST, ZIP: NO ADDITIONS OR CHANGES

14. I certify under penalty that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.071(4)(b) Florida Statutes. Further, I 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 person or business empowered to execute this report as required by Chapter 1407, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: Robert L. Schutt ROBERT L. SCHUTT 4/27/95 (813) 876-7804

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ANNUAL REPORT
1995



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

APPROVED
AND
FILED

04/24/1992 1:01

DOCUMENT # **V31225** (8)
1. Corporation Name
CALIBER COMPUTING, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
7200 NW 19 ST #306 MIAMI FL 33126 US **7200 NW 19TH ST #306 MIAMI FL 33126 US**

3. Date Incorporated or Qualified **04/24/1992** 3a. Date of Last Report **06/28/1994**
4. FEI Number **65-0336244** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 State Apt # etc 26 State Apt # etc
22 City & State 27 City & State
23 ZIP 25 COUNTRY 29 ZIP 30 COUNTRY

9. Name and Address of Current Registered Agent
**JACKELINE CADENA C
464 LAKESIDE CIR.
SUNRISE FL 33326**

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 607.0504, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
12a. NAME D CADENA, JACELINE C	12b. STREET ADDRESS 464 LAKESIDE CIR SUNRISE FL	13a. NAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	13b. STREET ADDRESS 13240 SW 70 AVE MIAMI FL 33156
12c. NAME	12d. STREET ADDRESS	13c. NAME	13d. STREET ADDRESS
12e. NAME	12f. STREET ADDRESS	13e. NAME	13f. STREET ADDRESS
12g. NAME	12h. STREET ADDRESS	13g. NAME	13h. STREET ADDRESS
12i. NAME	12j. STREET ADDRESS	13i. NAME	13j. STREET ADDRESS
12k. NAME	12l. STREET ADDRESS	13k. NAME	13l. STREET ADDRESS
12m. NAME	12n. STREET ADDRESS	13m. NAME	13n. STREET ADDRESS
12o. NAME	12p. STREET ADDRESS	13o. NAME	13p. STREET ADDRESS

14. This filing is not a public document. Information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07, Florida Statutes. I 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 in each state. I am an officer or director of the corporation at the time of or before the report is received by me on this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of a change or any an attachment with an address.

SIGNATURE: *Jaceline Cadena*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JACKELINE CADENA

4-21/95 (305) 477-0997