

**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 # **V31185** (4)

1. Corporation Name  
**AMERICAN COMBAT ENGINEERING, INCORPORATED**



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

3. Date Incorporated or Qualified: 04/24/1992  
3a. Date of Last Report: 05/01/1995  
4. FEI Number: 59-3142698  
5. Certificate of Status Desired: NO  
6. Election Campaign Financing: NO  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21-24  
26. Mailing Address: 26-30  
22. Suite, Apt., etc.: NO CHANGES  
27. Suite, Apt., etc.: NO CHANGES  
23. City & State: NO CHANGES  
28. City & State: NO CHANGES  
24. Zip: NO CHANGES  
25. Country: NO CHANGES  
29. Zip: NO CHANGES  
30. Country: NO CHANGES

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  
81. Name: NO CHANGES  
82. Street Address (P.O. Box Number is Not Acceptable): NO CHANGES  
83. City: NO CHANGES  
84. City: NO CHANGES  
85. State: FL  
86. 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 Jr.* **ROBERT L. SCHUTT JR.** 4/26/96  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SCHUTT, ROBERT L	
STREET ADDRESS	3006 W. FERN ST.	
CITY-ST-ZIP	TAMPA FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	SCHUTT, RHONDA G.	
STREET ADDRESS	3006 W FERN ST	
CITY-ST-ZIP	TAMPA FL	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	SCHUTT, NELLIE	
STREET ADDRESS	3006 W. FERN ST.	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Robert L. Schutt Jr.* **ROBERT L. SCHUTT JR.** 4/26/96 (813) 876-7804  
Signature typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (12/95)