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Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 33614-4222

3. Date Incorporated or Qualified: 04/24/1992
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)
21 Suite, Apt. No. etc.
22 City & State
23 Zip
24 Country
25 Suite, Apt. No. etc.
26 City & State
27 Zip
28 Country

4. FEI Number: 59-3142698
Applied For: Not Applicable
5. Certificate of Status Desired: NO
\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: NO
\$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:
SCHUTT, ROBERT L
3006 W FERN STREET
TAMPA FL 33614

10. Name and Address of New Registered Agent:
81 Name
82 Street Address (P.O. Box Numbers Not Acceptable)
83
84 City
85 Zip Code
FL

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* DATE: 4/18/97
Signature, typed or printed name of registered agent and fee, 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 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, on an attachment with an address.

SIGNATURE: *Robert L. Schutt* DATE: 4/18/97 (813) 876-7804
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)