

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Jan 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
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DOCUMENT # F95000001214 (4)
1. Corporation Name
MEVATEC CORPORATION



Principal Place of Business 1525 PERIMETER PARKWAY, STE 500 HUNTSVILLE AL 35806	Mailing Address 1525 PERIMETER PARKWAY, STE 500 HUNTSVILLE AL 35806-3575
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3. Date Incorporated or Qualified 03/14/1995	3a. Date of Last Report 05/29/1996
4. FEI Number 85-0333275	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	CEOD	<input type="checkbox"/> DELETE
NAME	ARCHULETA, NANCY E	
STREET ADDRESS	1525 PERIMETER PARKWAY, STE 500	
CITY-ST-ZIP	HUNTSVILLE AL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	HOUSER, C T	
STREET ADDRESS	1525 PERIMETER PARKWAY, STE 500	
CITY-ST-ZIP	HUNTSVILLE AL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FULTON, LARRY S	
STREET ADDRESS	1525 PERIMETER PARKWAY, STE 500	
CITY-ST-ZIP	HUNTSVILLE AL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	NIETO, CAROL A	
STREET ADDRESS	1525 PERIMETER PARKWAY, STE 500	
CITY-ST-ZIP	HUNTSVILLE AL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GOODNIGHT, GLENN P	
STREET ADDRESS	1525 PERIMETER PARKWAY, STE 500	
CITY-ST-ZIP	HUNTSVILLE AL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MURAS, ANDREW D	
STREET ADDRESS	1525 PERIMETER PARKWAY, STE 500	
CITY-ST-ZIP	HUNTSVILLE AL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Lydia A. Hernandez	
1.3 STREET ADDRESS	1525 Perimeter Parkway, Ste 500	
1.4 CITY-ST-ZIP	Huntsville, AL 35806	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Thomas D. Wilbanks	
2.3 STREET ADDRESS	1525 Perimeter Parkway, Ste 500	
2.4 CITY-ST-ZIP	Huntsville, AL 35806	
3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Coy E. Gayle	
3.3 STREET ADDRESS	1525 Perimeter Parkway, Ste 500	
3.4 CITY-ST-ZIP	Huntsville, AL 35806	
4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Judith A. Bicknell	
4.3 STREET ADDRESS	1525 Perimeter Parkway, Ste 500	
4.4 CITY-ST-ZIP	Huntsville, AL 35806	
5.1 TITLE	Controller	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	W. Don Muncy	
5.3 STREET ADDRESS	1525 Perimeter Parkway, Ste 500	
5.4 CITY-ST-ZIP	Huntsville, AL 35806	
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, or on an attachment with an address.

SIGNATURE: *W. Don Muncy* 1/17/97 (605) 890-8099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

CR2E034 (9/96)