FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90111 002 ***150.00

a company design dependentes compositation de la medica de la compositation de la comp

FÍLE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H64796 1. Corporation Name

PARYANI ENGINEERS, P.E., P.A.

Principal Place	of Business	Mailing Address				-i lifikimil alim misir asmi jakim jania	811) B E B	J#11 #F#11 WIWII	B
SUITE 508	15 SPRING GLEN RD. P. P. BOX 19865 ITE 508 JACKSONVILLE FL 32245 CKSONVILLE FL 32207 US				DO NOT WRITE IN THIS SPACE				
US						3. Date Incorporated or Qualifed 07/01/1985			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		A	pplied For
21		26			59-2547805		<u></u>	lot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired		•	Additional Required	
City & State		City & State	28			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip Country 25 25		Zip 30				8. This corporation owes the current year Intangible Personal Property Tax. Yes No			
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Re	gistered .	Agent	
DALI	L, HERMAN S.		ľ	81	Name				
	ATLANTIC BLVD			82	Street Addre	ss (P.O. Box Number is Not Acceptab	le)		
JACH	SONVILLE FL 32207		T.	83					
			-	84	City			85 Zip	Code
				1	•		FL	. `	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was auth	ionzed	by th	named corpo e corporation	ration submits this statement for the pin's board of directors. I hereby accept	urpose of the appoi	changing it ntment as r	ts registered registered
SIGNATURE							DATE		
12.	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: Re	egistered /	Agent s	ignature required	when reinstating) ADDITIONS/CHANGES TO OFFI		ID DIRECT	ORS IN 12
TITLE	PSD OFFICERS AIN	DELETE	1,1 TITI	LE		Abbillotto		☐ Change	
NAME	PARYANI, GULABRAY B.		1.2 NAJ	ME					
STREET ADDRESS	3599 UNIV.BLVD.,S.#1500		1.3 STF	REET AL	DDRESS				
CITY-ST-ZIP	JACKSONVILLE FL		1,4 C/T	Y-\$T-2	ZIP				
TITLE	_	☐ DELETE	2.1 TITI	LE				Change	e Addition
NAME	•		2.2 NA						
STREET ADDRESS					DDRESS				
CITY-ST-ZIP		- DELETE -	3.1 TITI	IY-ST-	ZIP	The state of the s		☐ Change	- 🔲 Addition
NAME		_	3.2 NA						
STREET ADDRESS			3.3 STF	REETAI	DORESS	•			
CITY-ST-ZIP			3.4. CFT	Y-ST-	ZIP				
TITLE		☐ DELETE	4.1 ∏∏		1			Change	Addition
NAME				4.2 NAME 4.3 STREET ADDRESS					
STREET ADDRESS									
CITY-ST-ZIP		☐ DELETE	4.4 CIT 5.1 TITI	Y-ST-Z	ZIP	- APWELL		Change	Addition
NAME :		- Dece. 6	5.2 NA			•			
STREET ADDRESS					DORESS				
CITY-ST-ZIP			5.4 CIT	Y-ST-Z	ZIP				
TILE		☐ DELETE	6.1 7TT	LE				Change	Addition
NAME			6.2 NAJ	ME					
STREET ADDRESS			6.3 STF	REETA	DDRESS				

14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: