

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

FILED

Apr 14 1997 8:00am  
Secretary of State

| PROFIT CORPORATION ANNUAL REPORT 1997                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS                                                            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # J17460</b><br>1. Corporation Name<br><b>Minder &amp; Associates Engineering Corporation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                               |  |
| Principal Place of Business<br><b>345 Interstate Blvd, Bldg D<br/>Sarasota, FL 34240</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | Mailing Address<br><b>same</b>                                                                                                                                |  |
| 2. Principal Place of Business<br>21                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | 2a. Mailing Address<br>26                                                                                                                                     |  |
| State, Apt. #, etc.<br>22                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | Suite, Apt. #, etc.<br>27                                                                                                                                     |  |
| City & State<br>23                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | City & State<br>28                                                                                                                                            |  |
| Zip<br>24                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | Zip<br>29                                                                                                                                                     |  |
| Country<br>25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Country<br>30                                                                                                                                                 |  |
| 9. Name and Address of Current Registered Agent<br><b>John C. Minder<br/>3970 Berlin Drive<br/>Sarasota, FL 34233</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br>85 Zip Code<br><b>FL</b> |  |
| 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<br>12.1 NAME<br>12.2 STREET ADDRESS<br>12.3 CITY-ST-ZIP<br>12.4 TITLE<br>12.5 NAME<br>12.6 STREET ADDRESS<br>12.7 CITY-ST-ZIP<br>12.8 TITLE<br>12.9 NAME<br>12.10 STREET ADDRESS<br>12.11 CITY-ST-ZIP<br>12.12 TITLE<br>12.13 NAME<br>12.14 STREET ADDRESS<br>12.15 CITY-ST-ZIP<br>12.16 TITLE<br>12.17 NAME<br>12.18 STREET ADDRESS<br>12.19 CITY-ST-ZIP<br>12.20 TITLE<br>12.21 NAME<br>12.22 STREET ADDRESS<br>12.23 CITY-ST-ZIP<br>12.24 TITLE<br>12.25 NAME<br>12.26 STREET ADDRESS<br>12.27 CITY-ST-ZIP<br>12.28 TITLE<br>12.29 NAME<br>12.30 STREET ADDRESS<br>12.31 CITY-ST-ZIP<br>12.32 TITLE<br>12.33 NAME<br>12.34 STREET ADDRESS<br>12.35 CITY-ST-ZIP<br>12.36 TITLE<br>12.37 NAME<br>12.38 STREET ADDRESS<br>12.39 CITY-ST-ZIP<br>12.40 TITLE<br>12.41 NAME<br>12.42 STREET ADDRESS<br>12.43 CITY-ST-ZIP<br>12.44 TITLE<br>12.45 NAME<br>12.46 STREET ADDRESS<br>12.47 CITY-ST-ZIP<br>12.48 TITLE<br>12.49 NAME<br>12.50 STREET ADDRESS<br>12.51 CITY-ST-ZIP<br>12.52 TITLE<br>12.53 NAME<br>12.54 STREET ADDRESS<br>12.55 CITY-ST-ZIP<br>12.56 TITLE<br>12.57 NAME<br>12.58 STREET ADDRESS<br>12.59 CITY-ST-ZIP<br>12.60 TITLE<br>12.61 NAME<br>12.62 STREET ADDRESS<br>12.63 CITY-ST-ZIP<br>12.64 TITLE<br>12.65 NAME<br>12.66 STREET ADDRESS<br>12.67 CITY-ST-ZIP<br>12.68 TITLE<br>12.69 NAME<br>12.70 STREET ADDRESS<br>12.71 CITY-ST-ZIP<br>12.72 TITLE<br>12.73 NAME<br>12.74 STREET ADDRESS<br>12.75 CITY-ST-ZIP<br>12.76 TITLE<br>12.77 NAME<br>12.78 STREET ADDRESS<br>12.79 CITY-ST-ZIP<br>12.80 TITLE<br>12.81 NAME<br>12.82 STREET ADDRESS<br>12.83 CITY-ST-ZIP<br>12.84 TITLE<br>12.85 NAME<br>12.86 STREET ADDRESS<br>12.87 CITY-ST-ZIP<br>12.88 TITLE<br>12.89 NAME<br>12.90 STREET ADDRESS<br>12.91 CITY-ST-ZIP<br>12.92 TITLE<br>12.93 NAME<br>12.94 STREET ADDRESS<br>12.95 CITY-ST-ZIP<br>12.96 TITLE<br>12.97 NAME<br>12.98 STREET ADDRESS<br>12.99 CITY-ST-ZIP<br>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12<br>13.1 TITLE<br>13.2 NAME<br>13.3 STREET ADDRESS<br>13.4 CITY-ST-ZIP<br>13.5 TITLE<br>13.6 NAME<br>13.7 STREET ADDRESS<br>13.8 CITY-ST-ZIP<br>13.9 TITLE<br>13.10 NAME<br>13.11 STREET ADDRESS<br>13.12 CITY-ST-ZIP<br>13.13 TITLE<br>13.14 NAME<br>13.15 STREET ADDRESS<br>13.16 CITY-ST-ZIP<br>13.17 TITLE<br>13.18 NAME<br>13.19 STREET ADDRESS<br>13.20 CITY-ST-ZIP<br>13.21 TITLE<br>13.22 NAME<br>13.23 STREET ADDRESS<br>13.24 CITY-ST-ZIP<br>13.25 TITLE<br>13.26 NAME<br>13.27 STREET ADDRESS<br>13.28 CITY-ST-ZIP<br>13.29 TITLE<br>13.30 NAME<br>13.31 STREET ADDRESS<br>13.32 CITY-ST-ZIP<br>13.33 TITLE<br>13.34 NAME<br>13.35 STREET ADDRESS<br>13.36 CITY-ST-ZIP<br>13.37 TITLE<br>13.38 NAME<br>13.39 STREET ADDRESS<br>13.40 CITY-ST-ZIP<br>13.41 TITLE<br>13.42 NAME<br>13.43 STREET ADDRESS<br>13.44 CITY-ST-ZIP<br>13.45 TITLE<br>13.46 NAME<br>13.47 STREET ADDRESS<br>13.48 CITY-ST-ZIP<br>13.49 TITLE<br>13.50 NAME<br>13.51 STREET ADDRESS<br>13.52 CITY-ST-ZIP<br>13.53 TITLE<br>13.54 NAME<br>13.55 STREET ADDRESS<br>13.56 CITY-ST-ZIP<br>13.57 TITLE<br>13.58 NAME<br>13.59 STREET ADDRESS<br>13.60 CITY-ST-ZIP<br>13.61 TITLE<br>13.62 NAME<br>13.63 STREET ADDRESS<br>13.64 CITY-ST-ZIP<br>13.65 TITLE<br>13.66 NAME<br>13.67 STREET ADDRESS<br>13.68 CITY-ST-ZIP<br>13.69 TITLE<br>13.70 NAME<br>13.71 STREET ADDRESS<br>13.72 CITY-ST-ZIP<br>13.73 TITLE<br>13.74 NAME<br>13.75 STREET ADDRESS<br>13.76 CITY-ST-ZIP<br>13.77 TITLE<br>13.78 NAME<br>13.79 STREET ADDRESS<br>13.80 CITY-ST-ZIP<br>13.81 TITLE<br>13.82 NAME<br>13.83 STREET ADDRESS<br>13.84 CITY-ST-ZIP<br>13.85 TITLE<br>13.86 NAME<br>13.87 STREET ADDRESS<br>13.88 CITY-ST-ZIP<br>13.89 TITLE<br>13.90 NAME<br>13.91 STREET ADDRESS<br>13.92 CITY-ST-ZIP<br>13.93 TITLE<br>13.94 NAME<br>13.95 STREET ADDRESS<br>13.96 CITY-ST-ZIP<br>13.97 TITLE<br>13.98 NAME<br>13.99 STREET ADDRESS<br>14. I, the Secretary, 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, checked, or on an attachment with an address. |  |                                                                                                                                                               |  |
| SIGNATURE: _____<br>4/8/97                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | 000002143850<br>-04/15/97--01077--005<br>***173.75<br>4-14<br>JH                                                                                              |  |

CR2E034 (9/96)