

**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 # **K47039 (8)**

1. Corporation Name:

**KOVACS STRUCTURAL ENGINEERING, INC.**



Principal Place of Business

**3422 DISCOVERY DR  
HARBOUR HEIGHTS FL 33983  
US**

Mailing Address

**3422 DISCOVERY DR  
HARBOUR HEIGHTS FL 33983  
US**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified  
**11/23/1988**

3a. Date of Last Report  
**08/15/1995**

4. FEI Number  
**65-0096012**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

g. Name and Address of Current Registered Agent

**KOVACS, CHARLES S.  
3422 DISCOVERY DR  
HARBOUR HEIGHTS FL 33983**

10. Name and Address of New Registered Agent

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

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent and title, as applicable)

(If 01b. Registered Agent signature required, attach, for stamping)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>DVT</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>KOVACS, SUSAN A.</b>	
STREET ADDRESS	<b>3422 DISCOVERY DR</b>	
CITY-ST-ZIP	<b>HARBOUR HEIGHTS FL</b>	
TITLE	<b>DP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>KOVACS, CHARLES S.</b>	
STREET ADDRESS	<b>3422 DISCOVERY DR</b>	
CITY-ST-ZIP	<b>HARBOUR HEIGHTS FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 checked="" type="checkbox"/> Addition
2.2 NAME	<b>DPT</b>
2.3 STREET ADDRESS	<b>KOVACS, CHARLES S.</b>
2.4 CITY-ST-ZIP	<b>3422 DISCOVERY DRIVE</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<b>HARBOUR HEIGHTS, FL 33983</b>
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:

*Charles S. Kovacs*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Charles S. Kovacs** 5/24/96 944-625-2961  
DATE DATE OF FILING

CR2E034 (12/95)