## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

## DOCUMENT # P95000024649 (2)

1. Corporation Name

ARONBERG & ASSOCIATES CONSULTING ENGINEERS, INC.								
Principal Place o	of Business	Mailing Address	·		i rik dradte ein facht mister ander an	II <b>39</b> 444 <b>99</b> 11 <b>9</b> 11 <b>9</b>	11 Bidio Bilii	#1818 (\$11 1 <b>9</b> 8)
· · · · · · · · · · · · · · · · · · ·			OAKLAND PARK BLVD					
SUITE 204	AND PARK DETD	SUITE 204						
FORT LAUDERDALE FL 33319 FORT LAUDERDALE FL 333			33319		3. Date Incorporated or Qualified (3a) Date of Last Report			
					03/28/1995			rew corp.
Drive and Flore	on of Divisions	2a. Mailing Address			4. FEI Number	1.110	1	Applied For
CDCI CLUVI O CCHO!			TATE ROAD BY		650579515		<b></b>	Not Applicable
1 <u>) ) ) '</u> Suite, Apt. #.		Suite, Apt. #, etc.					<del></del>	Additional
	¥ 305	27 # 305			5. Certificate of Status Desired		Fe∍F	Required
City & State		City & State		_	6. Election Campaign Financing		\$5.00	<b>0</b> Мау Ве
3 FTL	and erdale, FL	28 FT Laudera	lale 5	F <b>-</b>	Trust Fund Contribution			to Fees
Zp	Country	Zip	Country	S A	8. This corporation has liability to	r intangible ta:	k under s	199.032,
333			30	<del>NSA</del>		s No		
	9. Name and Address of Current	Registered Agent			10. Name and Address of New	Hegisterea A	rgent	
			81	Name	Aronberg, RAL			
ARONBERG, RALPH 82 Street Addr					ess (P.O. Box Number is Not Accepta	ble)	01	
7481 W OAKLAND PARK BLVD					13730 STATE	4994	<u>a.1</u> _	
SUITE 20			83		£ # 305			
FORT LAUDERDALE FL 33319				City			85 Zip	o Code
					Tlanderdale	FL	<u> </u>	<u> 33352</u>
or registere	the provisions of Sections 607.0502 and agent, or both, in the State of Floridan, and accept the obligations of, Section	ı. Such change was authorized	by the corpo	oration's boai	rd of directors. I hereby accept the ap	pointment as	registered	agent. I am
SIGNATURE <sub>- s</sub>	Signature, typed or printed name of registered agent a	nd title if applicable (NOTE	Registered Agun	t signature require	d when renstating)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OF			
THILE	D	☐ DELETE	1. 1 TITLE	D	>		🛮 Chançe	☐ Addition
NAME	aronberg, ralph		1.2 NAME	Á	ronberg, RAIDH 3730 STATE ROOM &			
STREET ADDRESS	7481 W OAKLAND PARK BLV		1.3 STREET	ADDRESS \	3730 STATE ROOM S	+	_	
CITY-ST-ZIP	FORT LAUDERDALE FL 33319	<u> </u>	1.4 CITY - S	T- ZIP	Ft Lauderdale, FL	<u> </u>	<u> </u>	
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NAME			2 2 NAME					
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CITY-ST-7IP			2 4 CITY - S	IT - ZIP			7.0	CT Addison
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City-ST-ZIP			4.4 CITY - S	ST-ZIP			Change	[ ] Addition
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NAME			5.2 NAME					
STREET ADDRESS			5 3 STREET					امر
CITY-ST-ZIP		T DELETE	5.4 CITY-S	ST-ZIP			Change	
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NAME			62 NAME					1,50
STREET ADDRESS			6.3 STREET					H.
CITY-ST-ZIP		201 00 20 20 20 20 20 20 20 20 20 20 20 20	6.4 CITY - 9	فيكنامين فمس	for the exemption stated in Postion 1:	D OZIGIJUL EIN	rida Stutul	I further
<ol> <li>I do hereby certify that oath; that I appears in</li> </ol>	y certify that the information supplied with information indicated on this annu- am an officer or director of the corpor Block 12 or Block 13 if changed, or o	vith this thing is voluntarily furnis all report or supplemental annul ation or the receiver or trustee in availtachment with an addre	sneo and doe al report is tro empowered iss.	is not qualify ue and accura to execute th	ate and that my signature shall have this report as required by Chapter 607,	ne same legal Florida Statut	effect as it es; and th	f made under at my name

SIGNATURE:

THE STOTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/86 (154)236-6603