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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000050917 (9) DOCUMENT # COMPREHENSIVE ENGINEERING, INC.

Principal Place of Business 748 NW 5TH AVE. FORT LAUDERDALE FL 33311

2. Principal Place of Business

21

Mailing Address

748 NW 5TH AVE.

2a. Mailing Address

FORT LAUDERDALE FL 33311

FILED Jan 27 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/10/1996 4. FEI Number

65-0676853

Suite, Apt,	#, etc.	27	Suite, Apt. #, etc.					5. Certificate of Status D	esired	ŽĮ.		Additional equired	
City & State			City & State				$\neg \uparrow$	6. Election Campaign Fir	nancing		\$5.00	May Be	
23	28							Trust Fund Contribution	-			to Fees	
Złp	Country	ry Zip C			ountry			8. This corporation owes or has paid the current year Intangible					
24	25 29 30							Personal Property Tax due June 30. Yes No					
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent							
OPTEKAR, MICHAEL J					81	Name							
748 NW 5TH AVE. FORT LAUDERDALE FL 33311					82 Street Address (P.O. Box Number is Not Acceptable)								
					83								
					84	City					85 Zip	Code	
						Oity				FL	_	5545	
11. Pursuant	to the provisions of Sections 607,0502	and 6	607.1508, Florida Statu	tes, the a	bove	-named	corpor	ation submits this statemen	nt for th	ne purpose o	f changing i	ts registered	
office or r agent. I a	egistered agent, or both, in the State of members with, and accept the obligations.	ot Hor tions c	ida. Such change was of, Section 607.0505, F	autnorize Iorida Sta	ia by itutes	r the corp 3.	oration	n's board of directors, i her	eby ac	cept the app	omunent as	registered	
SIGNATURE													
SIGNATORE	Signature, typed or printed name of registered agen					nt signaturø	required	when reinstating)		DATE			
12.	OFFICERS AND DIRECTORS				13.			ADDITIONS/CHANGES	TO OF	FICERS AND			
TITLE	P DELETE				1.1 TITLE			T			L Change	Addition	
NAME	WALL, MICHAEL D			1	IAME	l	Op	tekar, Micha	ıel	J			
STREET ADDRESS						ADDRESS	74	8 NW 5th Ave	<u> </u>				
CITY - ST - ZIP	FORT LAUDERDALE FL 33311			1.4 0	CITY-ST	T - ZIP	Ft	Lauderdale	FL	33311			
TITLE			☐ DELETE	2.11	ITLE						Change	Addition	
NAME				2.2 M	IAME		į						
STREET ADDRESS				2.3 5	TREET	ADDRESS	l		•				
CITY-ST-ZIP					CITY-S	ST-ZIP						1 1 1 1 1 1 1 1 1	
TITLE			DELETE	3.1 1	ITLE		i				Change	Addition	
NAME				3.21	IAME		1						
STREET ADDRESS				3.3 5	TREET	ADDRESS	l						
CITY-ST-ZIP				3.4.	CITY-S	T-ZIP							
TITLE			DELETE	4.1 1	TILE						Li Change	Addition	
NAME				4. 2	NAME								
STREET ADDRESS				4.3 9	TREET	ADDRESS							
CITY-ST-ZIP				4,4 (OTY-SI	T-ZIP				,			
TITLE			☐ DELETE	. 5.1 ĭ	TLE						∐ Change	☐ Addition	
NAME				5.21	IAME							·	
STREET ADDRESS				5.3 9	TREET	ADDRESS							
CITY-ST-ZIP				5,40	CITY-SI	T-ZIP	l						
TITLE			DELETE	6.1 7	TITLE			•			☐ Change	Addition	
NAME				6.2 7	NAME		l						
STREET ADDRESS				6.3 9	STREET	ADDRESS	l						
CITY-ST-ZIP				6.40	CITY-Ş1	T-ZIP							
de thoron	certify that the Information supplied wit	th this	filing does not qualify	for the ex	empl	tion state	d in Se	ection 119.07(3)(i), Florida	Statute	s. I further of	ertify that the	e information	
indicated	on this annual report or supplemental director of the corporation of the recei	annu iver or	rai report is true and ac r trustee empowered to	execute	this r	report as	requir	ed by Chapter 607, Florida	Statut	es; and that	my name ar	pears in	

Block 12 or Block 13 if changed, or on an attachment with an address.

954-760-7622

Applied For

Not Applicable