FILE 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 # P96000061718

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90005 040 ***150.00

	NGINEERING, INC.					
Principal Place	of Business	Mailing Address				
1688 W. HIBISCUS BLVD.		1688 W. HIBISCUS BLVD.				
MELBOURNE FL	. 32901	MELBOURNE FL 32901			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifed	
					07/22/1996	ĺ
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number Applied For	
21		26	_		59-3393656 Not Applicable	•
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired Sa.75 Additional	
22		27	. ÷		- Fee Required -	_
City & State	-	City & State	_		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
Zip	Country	Zip	Cour	ntry	8. This corporation owes the current year Intangible	
24	25		30		Personal Property Tax. Yes No	_
	9. Name and Address of Current	Registered Agent		ed N	10. Name and Address of New Registered Agent	
HE 11	IS, TIMOTHY C			81 Name		
1688 W. HIBISCUS BLVD.			İ	82 Street Ad	ddress (P.O. Box Number is Not Acceptable)	
MELBOURNE FL 32901			-	83		
IVILLE	3001111E 1 E 02301			83	•	
				84 City	FL 85 Zip Code	
11. Pursuant to office or read agent. I ar	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	? and 607.1508, Florida Statute of Florida. Such change was au ions of, Section 607.0505, Flori	s, the at thorized ida Statu	oove-named co by the corpora ites.	orporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered	
SIGNATURE					nuirad when reinstating) DATE	١.
	Signature, typed or printed name of registered agent OFFICERS AN		Registered 13	Agent signature requ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	<u>ج</u> إ
TITLE	D OFFICERS ANI	DELETE	1,1 111	ne l	☐ Change ☐ Addition	⊣ ₹
NAME	JELUS, TIMOTHY C		1.2 NA		-)⊓ •
	1688 W. HIBISCUS BLVD.		1.27-)n 3
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	MELBOLIBNE EL 32901			REET ADDRESS		00 100 100 100 100 100 100 100 100 100
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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 of 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 03 if changed, property or trustee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELUS 4/14/5

Daytime Phone #