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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000051456 (6) DOCUMENT #

TRINITY ENGINEERING, INC.

FILED Apr 09 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 5400 NE 3RD TERRACE 5400 NE 3RD TERRACE FT LAUDERDALE FL 33334 FT LAUDERDALE FL 33334 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/09/1997 2a. Mailing Address 2. Principal Place of Business Applied For Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8,75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Country Zip 8. This corporation owes or has paid the current year Intengible Personal Property Tax due June 30. 30 24 29 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name OTTO, MARC D 5400 NE 3RD TERRACE Street Address (P.O. Box Number is Not Acceptable) FT LAUDERDALE FL 33334 83 Zip Code 84 City 85 0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered are of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered algebras of, Soction 607.0505, Florida Statutes. 11. Pursuant to the provisi office or registered ag agent. I am familiar wit SIGNATUBE (NO1): Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. Addition 1.1 TITLE NAME 1.2 NAME SYDONE BUTERRACE STREET ADDRESS 1.3 STREET ADDRESS FT lay tentales FL33334 CITY-ST-7IP 1.4 CITY-ST-ZIP Addition DELETE Change TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP Addition DELETE Change TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Change Addition ☐ DELETE TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - \$T - ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an owered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. Thereby certify that the information supplied with this thin indicated on this annual report or supplemental annual officer or director of the corporation or the rece Block 12 or Block 13 if changed, or on an atta

SIGNATURE: >