## 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 # **P97000086549**1. Corporation Name

## FILED Apr 13, 1999 8:00 am Secretary of State 04-13-1999 90011 044 \*\*\*150.00

	ENGINEERING, INC.							
Principal Place	e of Business	Mailing Address	.,	,	1 14411841 (10 1011) 1021 0011 0011	111 <b>48</b> 411 <b>48</b> 481 11	,,,w <b>a</b> 11 <b>0</b> 1 <b>8</b>	11791 WINCE FUI LAUL
221 N. U.S. HWY. 27. SUITE A 221 N. U.S. HWY. 27. SUITE A CLERMONT FL 34711 CLERMONT FL 34711		A		DO NOT WRIT	re in This !	SPACE		
					Date Incorporated or Qualifed			
i					10/01/1997		<del></del>	
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number			Applied For
21		26		<u>.</u>	59-3473697		-	Not Applicable  5 Additional
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired			Required
City & State	е	City & State			6. Election Campaign Financing			00 May Be
23		28			Trust Fund Contribution			ed to Fees
Zip	Country	Zip	Country	•	8. This corporation owes the curre	ent year Inta	ngible □ Yes	□No
24	25	29 30	0		Personal Property Tax.  10. Name and Address of New R	Penistered A		C) INO
	9. Name and Address of Current	Registered Agent	81	Name	IV. Name and Address of New N	egiatoreu <u>r</u>	gont	-
KNIG	GHT, THOMAS L		L.					
221	N. U.S. HWY. 27, SUITE A		82	Street Addr	ress (P.O. Box Number is Not Accepta	ible) 		
CLE	RMONT FL 34711		83					
			84	,		FL	1_1_	ip Code
l office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of marillar with, and accept the obligat	of Florida. Such change was auth	norized by	the corporation	oration submits this statement for the on's board of directors. I hereby accept	purpose of o t the appoin	hanging tment as	its registered.
L CLONIATURE								
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: Re	cistered Ager	nt signature require	d when reinstating)	DATE		<del></del> [
12.	Signature, typed or printed name of registered agent		egistered Ager	nt signature require	d when reinstating)  ADDITIONS/CHANGES TO OF			
			<u> </u>	nt signature require			D DIREC	
12.	OFFICERS AND D KNIGHT, THOMAS L	D DIRECTORS	13.	nt signature require				
12.	OFFICERS AND D KNIGHT, THOMAS L 17325 2ND ST.	D DIRECTORS	13. 1.1 TITLE 1.2 NAME	nt signature require				
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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 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, with all other like empowered.

SIGNATURE: