## 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 # P98000072360

1. Corporation Name

MPC ENGINEERING, INC.

Principal Place of Business

Mailing Address

201 E. KENNEDY BLVD. #1407 **TAMPA FL 33602** 

201 E. KENNEDY BLVD. #1407

TAMPA FL 33602

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

04-21-1999 90136 045 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

						3. Date Incorporated or Qualifed 08/18/1998				
2. Principal P	2. Principal Place of Business Blvd. 2a. Mailing Address Shore					4. FEI Number	÷	<del></del>		
2. Principal Place of Business Blvd. 2a. 201992 de Bayshore Blayshore Blunedin, Fl. 34898-250326 Dunedin, Fl. 34					503	74-2902777			Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					\$8.75 Additional					
City & State City & State						6. Election Campaign Financing		5.00 f	Agy Bo	
23	28					Trust Fund Contribution Added to Fees				
Zip	Country Zip Country					8. This corporation owes the current year Intangible				
24	25 29 30				Personal Property Tax.					
.=1	9. Name and Address of Current	Registered Agent				10. Name and Address of New Re	gistered Agen	t		
			81	Name						
JACOBSON, RICHARD A					82 Street Address (P.O. Box Number is Not Acceptable)					
501 EAST KENNEDY BOULEVARD				Street	Street Address (P.O. Box Number is Not Acceptable)					
				ļ.——			<del></del>			
SUITE 1700				83						
IAM	PA FL 33602		84	City			85	Žip C	ode	
	•		64	City			FL 🐃			
44 Dureuant	to the provisions of Sections 607.0502	and 607 1508 Florida Statutes.	the abov	e-named	согро	oration submits this statement for the p	urpose of chan	ging its i	egistered	
office or r	registered agent, or both, in the State of m familiar with, and accept the obligation	Florida, Such change was autr	iorizea by	the corp	oration	n's board of directors. I hereby accept	the appointmen	nt as reg	istered	
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: Re	egistered Age	nt signature e	equired	when reinstating)	DATE			
12.	OFFICERS AND DIRECTORS 13.					ADDITIONS/CHANGES TO OFF	ICERS AND DI	RECTO	RS IN 12	
TITLE	0			1.1 TITLE P				Change	☐ Addition	
	- I		1			INGS, HANS-PETER				
NAME	MEDAGO, COCHEN				TN	DER ALTWIESE 9				
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NAME			2.2 NAME						+	
STREET ADDRESS			2.3 STREE	TADDRESS						
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NAME	ţ		6.2 NAME							
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ĺ			6.4 CITY-5	ST-ZIP						
CITY-ST-7IP										

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 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #