1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 192285

1. Corporation Name

RUSSELL ENGINEERING, INC.

Principal Place of Business Mailing Address							100101 Hara (0110 11010 1100) (2011 810) 810) 810) 810) 810) 810) 810) 8
2530 S.W. 36TH STREET 2530 S.W. 36TH STREET							
FT. LAUDERDALE FL 33312 FT. LAUDERDALE FL 33312							·
							DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualifed
							04/11/1956
2. Principal Pl	ace of Business	2a.	Mailing Address				4. FEI Number Applied For
21		26					59-0767981 Not Applicable
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.				5. Certificate of Status Desired See Required
City & State			City & State				6. Election Campaign Financing \$5.00 May Be
23		28					Trust Fund Contribution Address to Fees
Zip	Country	1	Zip	Cou	ıntry	-	8. This corporation owes the current year Intangible
24	25	29		30			Personal Property Tax. ☑ Yes □ No
	9. Name and Address of Curre		tered Agent	11			10. Name and Address of New Registered Agent
					81	Name	
Russell, George L. Sr.					-	C4 A	Address (D.O. Rey Number is Not Assentable)
15438 SW 31ST ST					82	Street A	Address (P.O. Box Number is Not Acceptable)
DAVIE FL 33331				83			
_					L		
					84 City FL 85 Zip Code		
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the State in familiar with, and accept the oblig	of Florid	la. Such change was a	autnorize	עם כ	the corpor	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
SIGNATURE			ALOT	F. 0		t constitue sec	required when reinstating) DATE
12.	Signature, typed or printed name of registered ag OFFICERS A			13.		il signature rec	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
·,	PD OFFICERS A	אוט טואנ	DELETE	1.1 T	TI F		Change Addition
TITLE	•		E DECE IC	1.2 N			
NAME	11000EEE, GEOTIGE E, OTT						
STREET ADDRESS	10100 011 0101 01				FADDRESS		
CITY-ST-ZIP				TY-S	T-ZIP	Change Addition	
TITLE	VD			IILE			
NAME	ANITO, HONALD E.		2.2 N	AME			
STREET ADDRESS	11001 1111 10111 002111		2.3 S	2.3 STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES FL		2.40	2. 4 CITY-ST-ZIP			
TITLE	ST DELETE		3.1 T	3.1 TITLE		☐ Change ☐ Addition	
NAME	RUSSELL, KAREN S		32 N	32 NAME			
STREET ADDRESS	15438 SW 31ST			3.3 S	TREE	T ADDRESS	
CITY-ST-ZIP	# 1# # 1		3,4. 0	3.4. CITY-ST-ZIP			
TITLE			☐ DELETE	4.1 T	TLE		☐ Change ☐ Addition
NAME				4, 2 1	IAME.		
STREET ADDRESS				4.3 S	TREE	T ADDRESS	
CITY-ST-ZIP				440	ITY-S	T-ZIP	
TITLE			☐ DELETE	5.1 T			Change Addition

CITY-ST-ZIP 14. I hereby certify that the information supplied with his 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 recepter 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.

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

D NAME OF SIGNING OFFICER OR DIRECTOR

Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90087 047 ***150.00

Addition