

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

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Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 227329 (0)

1. Corporation Name
HOUSING ENGINEERS OF FLORIDA, INC.



Principal Place of Business
2601 S BAYSHORE DR
STE 1425
MIAMI FL 33133
US

Mailing Address
2601 S. BAYSHORE DR.
SUITE 1425
MIAMI FL 33133-5413

3. Date Incorporated or Qualified 08/26/1959
3a. Date of Last Report 04/25/1996

| | | | | | | | |
|--------------------------------|---------------------|---------------------|---------------------|---|--|--------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number 59-0874816 | | Applied For Not Applicable | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 22 | City & State | 27 | City & State | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 23 | Zip | 28 | Country | 6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 24 | 25 | 29 | 30 | | | | |

| | | | | | | | |
|--|--|--|--|--|--|----|-------------|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| FREEMAN, P.A., ROBERT A 2601 S. BAYSHORE DR. SUITE #1425 MIAMI FL 33133 | | | | 81 | Name | | |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | 83 | | | |
| | | | | 84 | City | FL | 85 Zip Code |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------------|---|---|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GOULD, ESTELLE | 1.2 NAME | |
| STREET ADDRESS | 7550 PONCE DE LEON RD | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | MIAMI FL 33143 | 1.4 CITY - ST - ZIP | |
| TITLE | VAS <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FREEMAN, ROBERT A | 2.2 NAME | |
| STREET ADDRESS | 2601 S. BAYSHORE DR., #1425 | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | MIAMI FL 33133 | 2.4 CITY - ST - ZIP | |
| TITLE | VS <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCCALLUM, CATHIE ELLEN | 3.2 NAME | |
| STREET ADDRESS | 145 S.E. 25TH RD | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | MIAMI FL 33129 | 3.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 6.4 CITY - ST - ZIP | |

14. I do 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 address.

SIGNATURE: *Cathie Ellen McCallum*
Cathie-Ellen McCallum, Vice.Pres./Secy, 4/10/97 (305) 858-3242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)