	·	ING FEE AF	TER MAY 1	IS \$225.00	· - -1		
COR ANNL	PROFIT RPORATION JAL REPORT 1996		Sand Sec	EPARTMENT OF STATE dra B. Mortham cretary of State OF CORPORATIONS			
DOCUMENT # 2		266845 (7)					
•	ON ENGINEERIN	NG INC					
Principal Place	of Business		Mailing Address			IEI BIII BHII BIII	I BAGAR BABAR BABAR BABAR 1888
13089 - 60TI CLEARWATE	H STREET NORTH R FL 34620		13089 - 60TH STRI CLEARWATER FL 3				
					3. Date Incorporated or Qualified 01/01/1963		of Last Report 5/01/1995
2. Principal Pla	ace of Business		a. Mailing Address		4. FEI Number 59-1009197		Applied For Not Applicable
Suite, Apt. /	#, etc.	27	Suite, Apt. #, etc		5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & State	·····	28	Orty & State		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Ζιρ 24	25 Cour	otry 29 Iress of Current Reg		Country 30	This corporation has liability for Florida Statutes Name and Address of New I	5 □ No	·
11. Pursuant to		ctions 607.0502 and 6 ne State of Florida Su gations of, Section 60			oration submits this statement for the pure accept the app	FL irpose of char pointment as r	85 Zip Code ging its registered office egistered agent. Lanı
SIGNATURE		स्टार्ट कच्चा टेन्स्ट बहुत र कार्न है क					
12.	Solice as (2 seal to be trial res.	OFFICERS AND DIRE		(Natific Alignment) Agos (signed an magar	ADDITIONS/CHANGES TO OFF	DATE TOFRS AND I	OIRECTORS IN 12
TITLE NAME STREET ADDRESS	VP WEINFELD, LAI 13089 60TH ST CLEARWATER	T. N	☐ DELETE	TILLE 1.2 NAME 1.3 STREET ADDRESS			DIRECTORS IN 12 Change
CITY-ST-ZIP TITLE NAME STREET ADDRESS	PSD WEINFELD,IDA 13089 60TH ST CLEARWATER	T. N.	☐ DELETE	1.4 CHY+SI-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS			Change Addition
CITY-SI-ZIP TITLE NAME STREET ADDRESS	OLLAMATEM		□ DELETE	2.4 CHY - ST - 24F 3.1 THUE 3.2 NAME 3.3 STREET ADDRESS			Change Addition
TITLE NAME STREEL ADDRESS			DELETE	3 4 CITY - ST - ZIP 4 1 TITLE 4.2 NAME 4.3 STREET ADDRESS			Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS			DELETE	44 CHY ST ZIP 5 TITLE 52 NAME 53 STREEL ADDRESS			Change Addition
CITY - ST - ZIP TITLE NAME STREET ADDRESS			☐ DELETE	5.4 OTY - ST - Z#P 6.1 TITLE 6.2 NAME 6.3 STME* LADDRESS			Change Addition

64 City - St-2iP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3(k), 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 any attachment with an address

SIGNATURE:

SIGNATURE:

ARRY

WEINFELD

H/29/96 (813) 531-5871

SIGNATURE ARD TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6.4 City - ST - ZiP

CITY-ST-ZIP