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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT # 295869** 

(2)

R P D ENGINEERING INC

Principal Place of Business

901 NW 5TH AVENUE FT. LAUDERDALE FL 33311

	(~

Mailing Address

901 NW 5TH AVENUE FT. LAUDERDALE FL 33311-7220

**FILED** Jan 14 1997 8:00am Secretary of State



305 - 947-

3. Date incorporated or Qualified 3a. Date of Last Report

		08/16/1965	06/11/1996					
2. Principal Place of Business 2a. Mailing Address				4. FEI Number	Ar	oplied For		
21		26		59-1108343	No	ot Applicable		
Suite, Apt.	ite, Apt, #, etc. Suite, Apt, #, etc.			E Carrier of Carrier Davis d	\$8.75	Additional		
22 27				5. Certificate of Status Desired	Fee Re	equired		
Oity & State City & State				6. Election Campaign Financing	\$5.00	May Be		
28				Trust Fund Contribution	Added 1			
Zip	Country	Zip			8. This corporation has liability for intangible tax under s. 199.032,			
24	25	29	30			☐ Yes ☐ No	, , , ,	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
COX, M. CLYDE			8	81 Name				
10357 N.W. 5TH CT.			_					
CORAL SPRINGS FL 33071		8	82 Street Address (P.O. Box Number is Not Acceptable)					
OOTHE OF MINOR & E COOP (		8	83					
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		84	City		FL 85 Zip (	Code		
11. Pursuant	to the provisions of Sections 607.05	i02 and 607.1508, Florida Stati	ites, the abor	/e-named co	rporation submits this statement for the	purpose of changing it	s registered	
office or r	egistered agent, or both, in the Stat m familiar with, and accept the obti	e of Florida, Such change was nations of Section 807 0505 F	authorized b ioride Statute	y the corpora	rporation submits this statement for the ation's board of directors. I hereby acce	appointment as	registered	
	m and aboop and observed	24110110 011 40001011 007.40001	ioi.se olalan		•		:	
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NC	TE. Registered A	ent signature req	uired when reinstating)	DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTOR	S IN 12	
TITLE	V\$	DELETE	1.1 TUE			☐ Change	Addition	
NAME	COX, A. ELAYNE		1.2 NAME	1			į	
STREET ADDRESS	901 NW 5TH AVENUE		1.3 STRES	T ADDRESS .			ļ	
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY -					
TITLE	PTD	DELETE	2.1 TITLE	<u> </u>		Change	Addition	
NAME	COX, M. CLYDE		2.2 NAME				_	
STREET ADDRESS	901 NW 5TH AVENUE		1	T ADDRESS				
CITY-ST-ZIP	FT. LAUDERDALE FL		2.4017					
TITLE		DELETE	3.1 TITLE	-01-41P :	<del></del>	Chance	Addition (	
NAME I			3.2 NAME			\$go		
STREET ADDRESS			1	T ADDRESS /				
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CITY-ST-ZIP		DELETE	3.4. C/TY - 4.1 TITLE	81-715	<del></del>	Change	Addition	
••						∐ Change	☐ Yaniinii	
NAME			4, 2 NAM8				j	
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP		<del></del>	4.4 CITY -	ST-ZIP			<del></del>	
TITLE		☐ DELETE	5.1 TITLE			∐ Change	☐ Addition	
NAMÉ			5.2 NAME	Ì			ļ	
STREET ADDRESS			5.3 STREE	T ADDRESS				
C/TY-ST-Z/P			5.4 CITY -	ST-ZIP	<u></u>			
TALE	· <del></del>	☐ DELETE	. 6.1 TITLE			Change	Addition	
NAME			6.2 NAME		` -		ļ	
STREET ADDRESS			5.3 STREE	T ADDRESS	• "			
CITY-ST-ZIP			6.4 C:TY+		<del>.</del> .		Ì	
	y certify that the information supplie	ed with this filing does not qual			ed in Section 119.07(3)(i), Florida Statute	es. I further certify that :	he	
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 an address.								