

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 03, 1999 8:00 am Secretary of State

05-03-1999 90095 030 ***150.00

DOCUMENT 1. Corporation Name	#"327576
ENGINEERED FIN	IISHES INC

Principal Place of Business 921 NORTHWEST FIRST STREET FT LAUDERDALE FL 33311

Mailing Address

921 NORTHWEST FIRST STREET

FT LAUDERDALE FL 33311 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 03/14/1968 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 59-1205562 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees 28 Trust Fund Contribution 23 Country Country Zip This corporation owes the current year Intangible □No 29 30 Personal Property Tax. 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 THALER, CARL H. 82 Street Address (P.O. Box Number is Not Acceptable) 8721 S.W. 51ST COURT COOPER CITY FL 33328 83 84 Zip Code City 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.

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SIGNATURE	Signature, typed or printed name of registered agent and	Hitle if applicable (NOTE: Re	gistered Agent signature re		DATE	3/11	<u> </u>
12. ′	OFFICERS AND	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	D	☐ DELETE	1,1 TITLE	•		☐ Change	Addition
NAME ·	THALER, ANN		1.2 NAME				,
STREET ADDRESS	8721 SW 51ST CT		1.3 STREET ADDRESS				j
CITY-ST-ZIP	COOPER CITY FL		1.4 CITY-ST-ZIP				
TILE	D	☐ DELETE	2.1 TITLE			Change	Addition
NAME	THALER, RICHARD		2.2 NAME				
STREET ADDRESS	9253 CHELSEA DRIVE S.		2.3 STREET ADDRESS				
CITY-ST-ZIP	PLANTATION FL		2. 4 CITY-ST-ZIP				
TITLE	D	☐ DELETE	3.1 TATLE			Change	☐ Addition]
NAME	THALER, CARL		3.2 NAME				
STREET ADDRESS	.8721 SW 51ST CT		3.3 STREET ADDRESS		***		-
CITY-ST-ZIP	COOPER CITY FL		3.4. CITY-ST-ZIP				
TITLE	PD	☐ DELETE	4.1 TITLE			Change	Addition
NAME	THALER, GARY		4. 2 NAME		•		
STREET ADDRESS	2805 EGRET WAY		4.3 STREET ADDRESS				
CITY-ST-ZIP	COOPER CITY FL	<u> </u>	4.4 CITY-ST-ZIP				
TITLE		☐ DELETE	5.1 T/TLE			☐ Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP			 .	
TITLE	• · ·	☐ DELETE	6.1 TITLE	-	•	Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS	•		6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP			. •	

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 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, with all other like empowered.