

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 400288

(7)

1. Corporation Name

ENGINEERED INVESTMENTS, INC.

Principal Place of Business

809 PROGRESSO DRIVE
FT. LAUDERDALE FL 33304

Mailing Address

809 PROGRESSO DRIVE
FT. LAUDERDALE FL 33304



2. Principal Place of Business

2a. Mailing Address

21	State, Apt. #, etc.	26	State, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

9. Name and Address of Current Registered Agent

MACDONALD, J RICHARD
3020 NE 41ST ST
FT LAUDERDALE FL

3. Date Incorporated or Qualified
05/01/1972

3a. Date of Last Report
01/18/1995

4. FEI Number

59-1404990

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 193.032
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81	Name
82	Street Address P.O. Box Number is Not Applicable
83	
84	City
85	Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits the 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 and its officers and directors and the person appointed as registered agent. I am familiar with and accept the obligations of Section 607.0502, Florida Statutes.

SIGNATURE

Signature of the person who is authorized to execute this statement on behalf of the corporation.

Date

OFFICERS AND DIRECTORS

ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

12.	13.
TITLE	1. TITLE
NAME	2. NAME
STREET ADDRESS	3. STREET ADDRESS
CITY, ST, ZIP	4. CITY, ST, ZIP
TITLE	5. TITLE
NAME	6. NAME
STREET ADDRESS	7. STREET ADDRESS
CITY, ST, ZIP	8. CITY, ST, ZIP
TITLE	9. TITLE
NAME	10. NAME
STREET ADDRESS	11. STREET ADDRESS
CITY, ST, ZIP	12. CITY, ST, ZIP
TITLE	13. TITLE
NAME	14. NAME
STREET ADDRESS	15. STREET ADDRESS
CITY, ST, ZIP	16. CITY, ST, ZIP
TITLE	17. TITLE
NAME	18. NAME
STREET ADDRESS	19. STREET ADDRESS
CITY, ST, ZIP	20. CITY, ST, ZIP

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 included on this annual report or supplementary 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 person or persons empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or change of incorporation with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-96

9544-765 580

CR2E034 (12/95)