FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **415491** **(0)**

1. Corporation Name

CROUSE-HONDERICH-MOSBAT CONSULTING ENGINEERS, IN C.

Principal Place of Business	Mailing Address
4547 PONCE DE LEON BLVD CORAL GABLES FL 33146	4547 PONCE DE LEON BLVD CORAL GABLES FL 33146

3. Date Incorporated or Qualified: **12/28/1972**

3a. Date of Last Report: **02/22/1995**

4. FEI Number: **59-1429530** ☐ 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. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 1320 So. Dixie Highway	26 1320 So. Dixie Highway
Suite, Apt. #, etc. 22 Suite 1241	Suite, Apt. #, etc. 27 Suite 1241
City & State 23 Coral Gables, Fl	City & State 28 Coral Gables, Fl.
Zip 24 33146	Zip 29 33146
Country 25 Dade	Country 30 Dade

9. Name and Address of Current Registered Agent

HONDERICH, DAVID
4547 PONCE DE LEON BLVD.
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
83 1320 So. Dixie Highway
Suite 1241

84 City: Coral Gables, **FL** 85 Zip Code: 33146

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 _____ DATE _____
Signature, typed or printed name of Registered Agent and Title (if applicable) (Note: Registered Agent's signature required for filing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE
NAME	CROUSE, GEORGE T.	
STREET ADDRESS	4547 PONCE DE LEON BLVD	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	STD	☐ DELETE
NAME	HONDERICH, DAVID	
STREET ADDRESS	4547 PONCE DE LEON BLVD	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	VD	☐ DELETE
NAME	MOSBAT, MARK	
STREET ADDRESS	4547 PONCE DE LEON BLVD	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	1320 So. Dixie Highway, #1241
1.4 CITY-ST-ZIP	Coral Gables, Fl. 33146
	☒ Change ☐ Addition
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	1320 So. Dixie Highway, #1241
2.4 CITY-ST-ZIP	Coral Gables, Fl. 33146
	☒ Change ☐ Addition
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	1320 So. Dixie Highway, #1241
3.4 CITY-ST-ZIP	Coral Gables, Fl. 33146
4.1 TITLE	☐ Change ☒ Addition
4.2 NAME	VD
4.3 STREET ADDRESS	Fidias Samuel De Leon
4.4 CITY-ST-ZIP	1320 So. Dixie Highway, #1241
5.1 TITLE	Coral Gables, FL. 33146
5.2 NAME	☐ Change ☐ Addition
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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 an attachment with an address.

SIGNATURE: David Honderich 3/20/96 305-667-1621
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #