

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90039 035 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 440221

1. Corporation Name

SOUTHEASTERN ENGINEERING & TESTING LABORATORIES, INC.

Principal Place of Business

4781 SW 51ST STREET
DAVIE FL 33314

Mailing Address

4761 SW 51ST STREET
DAVIE FL 33314

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/21/1973

4. FEI Number

59-1496944

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

KROUSKROUP JR. MR. MELVIN
4761 SW 51ST STREET
DAVIE FL 33314

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

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

Signature, typed or printed name of registered agent and such representative.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

TITLE	P	☐ DELETE
NAME	KROUSKROUP, MELVIN JR.	
STREET ADDRESS	4761 SW 51ST STREET	
CITY-ST-ZIP	DAVIE FL	

1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	V	☐ DELETE
NAME	BAER, RONALD	
STREET ADDRESS	4761 SW 51ST STREET	
CITY-ST-ZIP	DAVIE FL	

2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/99

Date

(954) 584-4322

Daytime Phone #

CR2E034 (1/98)