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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 481293 1. Corporation Name

INTER-CON ENGINEERS, INC.

ncipal Place of Business	Mailing Address		
N W 84 LANE	782 N W 84 LANE		
RAL SPRINGS FL 33071	CORAL SPRINGS FL 33071		

FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90123 048 ***150.00



Principal Place	e of Business	Mailing Address					
782 N W 84 LANE 782 N W 84 LANE							
CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071					DO NOT MORE IN THIS S	DACE	
					DO NOT WRITE IN THIS S	PACE	
					3. Date Incorporated or Qualifed		Ì
					07/28/1975	114-	- Und Pag
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	_ 	olied For
21		26			59-1615295		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8,75 A	I
22		27					
City & State	е	City & State			6. Election Campaign Financing	\$5.00	
23		28			Trust Fund Contribution	Added t	5 Fees
Zip	Country	Zip	Count	ry	8. This corporation owes the current year Intar		□No
24	25	29 3	0		1 orderiar reporty rain	Yes	
	9. Name and Address of Curren	nt Registered Agent		1 Name	10. Name and Address of New Registered A	Reur	
70P	RILLA, JORGE		9	1 Name			
	N.W. 84TH LANE		8	2 Street Ad	dress (P.O. Box Number is Not Acceptable)		
			L				
CUH	AL SPRINGS FL 33071		8	3			
	ı		8	4 City	FL	85 Zip (ode
		22 and 607 1509 Florido Statutos	the abo	ve-pamed co	reporation submits this statement for the number of C	hanging its	registered
office or r	registered agent, or both, in the State im familiar with, and accept the obligation	of Florida, Such change was auti	horized (v the corpora	ation's board of directors. I hereby accept the appoint	ment as re	jistered
SIGNATURE	Signature, typed or printed name of registered age	nt and title if conficults (NOTE: R	enistered A	ent signature (90)	ired when reinstating) DATE		(
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12
TITLE	PD	DELETE	1.1 TITLE	: F		Change	☐ Addition
NAME	ZORRILLA, JORGE		1.2 NAM	E			
STREET ADDRESS	782 N.W. 84TH LANE		4	ET ADDRESS	•		1
	CORAL SPRINGS FL 33071		1.4 CITY				
CITY-ST-ZIP	TSD TSD	☐ DELETE	2.1 11114			Change	☐ Addition
	ZORRILLA, PHYLLIS J.		2.2 NAM	!			-
NAME	•						
STREET ADDRESS	782 N.W. 84TH LANE			ET ADDRESS			1
CITY-ST-ZIP	CORAL SPRINGS FL 33071	☐ DELETE	2. 4 CITY			☐ Change	Addition
ππ.€		CI DELETE	3.1 TITLE	ŀ			
NAME		- Appendicum	3.2 NAM				
STREET ADDRESS	,		3.3 STRI	ET ADORESS			
CITY-ST-ZIP			3.4. CITY				- Addition
TITLE		I I DELETE	4.1 TITL	<u> </u>			Addition
NAME		☐ DELETE				Change	
STREET ADDRESS		C) DELETE	4, 2 NAN	IE		∐ Change	
0.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		C) DELETE		EET ADDRESS		∐ Change	
CITY-ST-ZIP			4.3 STRI				
		DELETE	4.3 STRI	EET ADORESS - ST- ZIP		☐ Change	Addition
CITY-ST-ZIP			4.3 STRI 4.4 CITY	EET ADORESS - ST-ZIP			Addition
CITY-ST-ZIP TITLE NAME			4.3 STRI 4.4 CITY 5.1 TITL 5.2 NAM	EET ADORESS - ST-ZIP			Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS			4.3 STRI 4.4 CITY 5.1 TITL 5.2 NAM	EET ADDRESS -ST-ZIP E E EET ADDRESS			☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			4.3 STRI 4.4 CITY 5.1 TITL 5.2 NAM 5.3 STRI	EET ADORESS -ST-ZIP E E EET ADORESS -ST-ZIP			☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	4.3 STRI 4.4 CITY 5.1 TITL 5.2 NAM 5.3 STRI 5.4 CITY	EET ADORESS -ST-ZIP E EET ADDRESS -ST-ZIP E		Change	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	4.3 STRI 4.4 CITY 5.1 TITL 5.2 NAM 5.3 STRI 5.4 CITY 6.1 TITL 6.2 NAM	EET ADORESS -ST-ZIP E EET ADDRESS -ST-ZIP E		Change	

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 AND TYPED OR PRINTED NAME OF SANING OFFICER OR DIRECTOR