

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

FILED

Feb 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **519610** (0)

1. Corporation Name
BTL ENGINEERING SERVICES, INC.

Principal Place of Business 5802 N OCCIDENT ST PO BOX 15718 TAMPA FL 33614	Mailing Address 5802 N OCCIDENT ST PO BOX 15718 TAMPA FL 33614-5446
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3. Date Incorporated or Qualified 11/29/1976	3a. Date of Last Report 04/09/1996
4. FEI Number 59-1712528	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent BROWN, LARRY L 2597 BRANDYWINE DRIVE CLEARWATER FL 34621	10. Name and Address of New Registered Agent
81 Name BROWN, LARRY L	82 Street Address (P.O. Box Number is Not Acceptable) 3269 NICKS PLACE
83	84 City CLEARWATER
	85 Zip Code FL 34621

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, JODY S	1.2 NAME	
STREET ADDRESS	3269 NICKS PLACE	1.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL	1.4 CITY - ST - ZIP	
TITLE	EVD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORDON, LARRY D	2.2 NAME	
STREET ADDRESS	1309 PINE RIDGE CR E	2.3 STREET ADDRESS	
CITY - ST - ZIP	TARPON SPRINGS FL	2.4 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, LARRY L	3.2 NAME	
STREET ADDRESS	3269 NICKS PLACE	3.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL	3.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRINGTON, JOHN M.	4.2 NAME	
STREET ADDRESS	3423 LACEWOOD RD.	4.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	4.4 CITY - ST - ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICOLETTA, MICHAEL W.	5.2 NAME	
STREET ADDRESS	979 SADDLEWOOD BLVD.	5.3 STREET ADDRESS	
CITY - ST - ZIP	LAKELAND FL	5.4 CITY - ST - ZIP	
TITLE	TS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WADDELL, CATHERINE A.	6.2 NAME	
STREET ADDRESS	14273 HAYS RD.	6.3 STREET ADDRESS	
CITY - ST - ZIP	SPRING HILL FL	6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: Catherine A. Waddell **Catherine A. Waddell** 1/13/97 (813) 884-0755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

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PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **P25751**

(9)

1. Corporation Name

DASSAULT FALCON JET CORP.

Principal Place of Business

**FIFTH FLOOR
EAST 15 MIDLAND AVE.
PARAMUS NJ 07652**

Mailing Address

**FIFTH FLOOR
EAST 15 MIDLAND AVE.
PARAMUS NJ 07652**



3. Date Incorporated or Qualified

08/22/1989

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

**21 Teterboro Airport
200 Riser Road
Suite, Apt. #, etc.**

2a. Mailing Address

**26 Teterboro Airport
Box 2000
Suite, Apt. #, etc.**

4. FEI Number

22-1978098

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

9. Name and Address of Current Registered Agent

**UNITED STATES CORPORATION COMPANY
1201 HAYES STREET
STE - 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. (CONTINUED ON REVERSE) OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GEORGES, J.F.	
STREET ADDRESS	%DASSAULT FALCON JET CORP.	
CITY-ST-ZIP	TETERBORO AIRPORT NJ 07608	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	YOUNG, J.M.	
STREET ADDRESS	% DASSAULT FALCON JET CORP.	
CITY-ST-ZIP	TETERBORO AIRPORT NJ 07608	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	ROSANVALLON, J	
STREET ADDRESS	% DASSAULT FALCON JET CORP.	
CITY-ST-ZIP	TETERBORO AIRPORT NJ 07608	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ROTHWELL, P.	
STREET ADDRESS	% DASSAULT FALCON JET CORP.	
CITY-ST-ZIP	TETERBORO AIRPORT NJ 07608	
TITLE	T	<input type="checkbox"/> DELETE
NAME	VISLOCKY, J.	
STREET ADDRESS	%DASSAULT FALCON JET CORP.	
CITY-ST-ZIP	TETERBORO AIRPORT NJ	
TITLE	D C	<input type="checkbox"/> DELETE
NAME	DASSAULT, S	
STREET ADDRESS	C/O DASSAULT FALCON JET CORP,	
CITY-ST-ZIP	TETERBORO AIRPORT NJ 07608	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CEO & D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Georges, J.F.	
1.3 STREET ADDRESS	c/o Dassault Falcon Jet Corp.	
1.4 CITY-ST-ZIP	Teterboro Airport, NJ 07608	
2.1 TITLE	SR. VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Young, J.M.	
2.3 STREET ADDRESS	c/o Dassault Falcon Jet Corp.	
2.4 CITY-ST-ZIP	Teterboro Airport, NJ 07608	
3.1 TITLE	P & D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Rosanvallon, J.	
3.3 STREET ADDRESS	c/o Dassault Falcon Jet Corp.	
3.4 CITY-ST-ZIP	Teterboro Airport, NJ 07608	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)