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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 524886

1. Corporation Name

CADASTI	RAL SUHVEYORS, INC.												
Principal Place	of Business	Ma	ailing Address					1		1 18181 18118 8111 8	ISBN BIRKI BIRKI	# 1 B 1 I B 1 I	911 81811 1881
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1								3	Date Incorporated or Qu		11110 01 7102		——¬
i									02/01/1977				
2. Principal Pl	lace of Business	2a.	Mailing Address		_				FEI Number			App	lied For
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Suite, 'Apt. :	#, etc.	1-0,	Suite, Apt. #, etc.					1	·	isad 🗆			ditional
22		27			-		• • •	3.	Certificate of Status Des	n.eā	Fe	e Req	uired*
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23		28							Trust Fund Contribution		Ad	ded to	Fees
Zip ,	Country		Zip		ountry	′		8.	This corporation owes t	he current yea		-	<u>-</u>
24	25	29		30					Personal Property Tax.	Al O(-A	⊠ Yes	\$ L	□No
-	9. Name and Address of Currer	nt Regist	tered Agent		81	Na		10.	Name and Address of	New Regist	erea Agent		
SHO	RT, VERONICA				0.	IVA							
	S SE 24TH AVENUE				82	Str	eet Add	lress (P	O. Box Number is Not	Acceptable)			
7	E CORAL FL 33904				83			-					
	2 00,11,2 1 2 0000 .				"								
i	•				84	Cit	у	•			FL 85	Zip C	ode
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iii i uisuaik	to the provisions of occurris our soc		31.1000, 7.101140 -1414	4					and of directors. I borob	a account the	nnointment	as regi	istered
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State	of Flond	ta. Such change was a Section 607 0505, Flo	iutnonze orida Sta	ed by stutes	the c	orporati	ion s bo	ald of directors. Thereb	y accept the a	эрропшнон		Stered
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP (

Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90070 026 ***150.00