## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998, AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

## PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 536166 1. Corporation Name

(2)

SUNCORE ENGINEERING, INC.

Principal Place of Business	

Mailing Address

20260 N.E. 15TH COURT MIAMI FL 33179

2. Principal Place of Business

Sulte, Apt. #, etc.

SIGNATURE:

City & State

20260 N.E. 15TH COURT

MIAMI FL 33179

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

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## **FILED** Aug 05 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

305

653-1660

Not Applicable

3. Date Incorporated or Qualified

5. Certificate of Status Desired

8. Election Campaign Financing

05/25/1977 4. FEI Number

65-0053558

23		28			Trust Fund Contribution	Added to Fees		
Zip	Country	Zip	Country		8. This corporation owes or ha	s paid the cu <b>rre</b> nt year I <u>nte</u> ngible		
24	25	29	30		Personal Property Tax due	June 30. Yes No		
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent								
	ER, SCOTT A, ESQUIRE		81	Name				
3250 MARY ST., STE 404			82	Street Addre	ess (P.O. Box Number is Not Acce	ptable)		
COCONUT GROVE FL 33133					· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
			83			Ì		
			84	City		85 Zip Code		
				0.13		FL ] s   z   z   z   z   z   z   z   z   z		
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.	Signature, typed or printed name of registered agent of OFFICERS AND		13.	geni signature requi	<del></del>	OFFICERS AND DIRECTORS IN 12		
TITLE	P	DELETE	1.1 TITLE	- Т	ADDITIONO/CITATOLS TO	Change Addition		
NAME	HART, DARRYL		1.2 NAME			Change Addition ;		
STREET ADDRESS	14269 MEMORIAL HIGHWAY		1.3 STREET	ADDRESS				
CITY-ST-ZIP	N. MIAMI FL		1.4 CITY-S1	ſ		[		
TITLE		DELETE	2.1 TITLE			Change Addition		
NAME		L. J DECE 16	2.2 NAME			E one go E name)		
STREET ADDRESS			2.3 STREET	ADDRESS				
CITY-ST-ZIP			2.4 CITY-S1	-ZIP				
TITLE		DELETE	3.1 TITLE			Change Addition		
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET	ADDRESS				
CITY-ST-ZIP			3.4 CITY-S1	-ZiP				
TITLE		DELETE	4.1 TITLE			Change Addition		
NAME			4.2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS		ŀ		
CITY-ST-ZIP			4.4 CITY-ST	-ZIP				
TITLE		DELETE	5.1 TITLE			Change Addition		
NAME			5.2 NAME			•		
STREET ADDRESS			5.3 STREET	ADORESS		1		
CITY-ST-ZIP			5.4 CITY-S1	-ZIP				
TITLE		DELETE	6.1 TITLE		•	Change Addition		
NAME			6.2 NAME			(		
STREET ADDRESS			6.3 STREET	ADDRESS				
CiTY-ST-ZIP			6.4 CITY-ST					
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.								