

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Shirley B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 565457 (9)

1. Corporation Name

ENGINEERED INSTALLATIONS, INC.

Principal Place of Business

6001 S.W. 46TH ST.
MIAMI FL 33155

Mail Stop Address

6001 S.W. 46TH ST.
MIAMI FL 33155



2. Principal Place of Business

2a. Mailing Address

21	State	Appt. No.	26	State	Appt. No.
22	City & State		27	City & State	
23	Zip	County	28	Zip	County
24			29		

g. Name and Address of Current Registered Agent

CAHAN, RICHARD
SCHANTZ, SCHATZMAN, AARONSON & BERLIN PA
SOUTHEAST FINANCIAL CENTER #3650
MIAMI FL 33131-9394

3. Date Incorporated or Qualified	3a. Date of Last Report
01/17/1978	01/24/1995
4. FEI Number	Applied For Not Applicable
59-1804536	
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
10. Name and Address of New Registered Agent	

11. Pursuant to the provisions of Sections 607.01(2) and 607.01(3)(b), 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 607.01(4), Florida Statutes.

SENAIOR

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
☐ DELETE	☐ Change ☐ Addition
1. NAME BLAIR, H. BATEMAN	1. NAME
2. STREET ADDRESS 6001 S W 46TH STREET	2. STREET ADDRESS
3. CITY, STATE, ZIP MIAMI FL	3. CITY, STATE, ZIP
☐ DELETE	☐ Change ☐ Addition
4. NAME	4. NAME
5. STREET ADDRESS	5. STREET ADDRESS
6. CITY, STATE, ZIP	6. CITY, STATE, ZIP
☐ DELETE	☐ Change ☐ Addition
7. NAME	7. NAME
8. STREET ADDRESS	8. STREET ADDRESS
9. CITY, STATE, ZIP	9. CITY, STATE, ZIP
☐ DELETE	☐ Change ☐ Addition
10. NAME	10. NAME
11. STREET ADDRESS	11. STREET ADDRESS
12. CITY, STATE, ZIP	12. CITY, STATE, ZIP
☐ DELETE	☐ Change ☐ Addition
13. NAME	13. NAME
14. STREET ADDRESS	14. STREET ADDRESS
15. CITY, STATE, ZIP	15. CITY, STATE, ZIP
☐ DELETE	☐ Change ☐ Addition
16. NAME	16. NAME
17. STREET ADDRESS	17. STREET ADDRESS
18. CITY, STATE, ZIP	18. CITY, STATE, ZIP

14. I hereby certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Section 119.07(1)(a), Florida Statutes. I further certify that the information included 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 Book 12 or Book 13 if changed, or on any other document with an affidavit.

SIGNATURE:

H. Bateman Blair
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H. Bateman Blair 1/19/96 305-667-6583

CR2E034 (12/95)