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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

CITY-ST-ZIP

819875

(6)

CENTER FOR APPLIED ENGINEERING, INC.

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Principal Place of Business Mailing Address					Offic Bilbit Billin Digil Digil Di			
	SCOUT BLVD.	4010 BOY SCOUT B	BLVD.					
P.O. BOX 31075 ; TAMPA FL 33831-0075		P.O. BOX 31075				DO NOT WRITE IN THIS SPACE		
IMMEN ELV	33031 0013	TAMPA FL 33631-007	15		3. Date Incorporated or Qualified			
	Ī				09/01/1966	•		
	Place of Business	2a, Mailing Address			4, FEI Number	A	pplied For	
21	-	26			36-2599043	 -	lot Applicable	
Suite, Apt	1. #, e(c.	Suite, Apt. #, etc.			5. Certificate of Status Desired	7	Additional	
City & Sta	ato [©]	City & State		···•		F89 H	lequired	
23	₹	28			Election Campaign Financing Trust Fund Contribution) May Be	
Zip	Country	Zip	Countr	v	This corporation owes or has p		to Fees	
24	25	29	30	•	Personal Property Tax due Jun		nangibie ∐No	
	g, Name and Address of C	urrent Registered Agent			10. Name and Address of New R			
CI	T CORPORATION SYSTEM		81	Name				
	200 & PINE ISLAND ROAD		82	Street Ad	dress (P.O. Box Number is Not Accepta	able)		
Pt	LANTATION FL 33324				,			
	¥		83	'				
	r V		84	City		- 85 Zip	Code	
-44 Pursuani	t to the provisions of Sections 60"	7 0503 and 607 1608 Florida St	totate the obey	= nomed on				
office or	registered agent, or both, in the	State of Florida, Such change w	vas authorized b	e-named co y the corpor	rporation submits this statement for the ation's board of directors. I hereby acce	purpose of changing ept the appointment as	its registerea s registered	
agent. 1 a	arri lamiliar with, into accept the c	obligations of, Section 607.0505	5, Florida Statute	is.		170 /00	•	
SIGNATURE		red agent and title if applicable	(NOTE: Registered Ap	iont signature req	Hursed when reinstating)	DATE Z S		
12.								
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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

***150.00

ATUBE, 15/A. Anala Samuelana (/4) Jak (012) 072 40

CR2E034 (10/97)

FILED

Jun 30 1998 8:00am

Secretary of State