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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 833345

(2)

FILED Jan 21 1998 8:00am Secretary of State

1. Corporation									
BOYLE	ENGINEERING CORPORAT	ION			ļ.				
Principal Plac	ce of Business	Mailing Address			1 20 D D 10 40 D E32 D E 131 E D 1) 13 D 2 D D 4	iji: Sibii bibli qi	1811 818(+ 818)	IS AFRII (BEI	
1501 QUAIL STREET 1501 QUAIL STREET									
PO BOX 7350 PO BOX 7350									
NEWPORT BEACH CA 92660 NEWPORT BEACH CA 92660					DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualified	-			7
					11/14/1974				
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number		Ar	oplied For	┪
21		26			95-1735889			ot Applicable	1
Suite, Apt.	# etc	Suite, Apt. #, etc.			50 1100000		\$8.75	 	┨
22	# 0.01	27			Certificate of Status Desired	X		equired	
City & Stat	Δ	City & State			A Sharing Consider Street				4
⊢ '					6. Election Campaign Financing		\$5.00		
23 Zip	Country	28	Country		Trust Fund Contribution			to Fees	┥
, ·	— ·	⊢	¬ ´	y	8. This corporation owes or has p	-			
24	25		<u>'</u>		Personal Property Tax due Jun			No	4
	g, Name and Address of Curren	t Hegistered Agent		T	10. Name and Address of New R	egistered A	gent	·	-
D'ANGELO, SALVATORE			81	Name					
320 EAST SOUTH STREET ORLANDO FL 32801			82	Street	Address (P.O. Box Number is Not Accepta	ble)			7
V 1.	12 1120 1 2 32301		83	-			·		1
			-				Ii -: :	<u> </u>	4
			84	City		FL	85 Zip (Code	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508. Florida Statutes.	thè abov	e-nameo	corporation submits this statement for the		hanging it	s registered	1
office or I	registered agent, or both, in the State	of Florida, Such change was auti	orized by	y the cor	d corporation submits this statement for the poration's board of directors. I hereby acce	pt the appoi	ntment as	registered	
адепт. га	an lamiliar with, and accept the obliga	itions of, Section 607.0505, Florid	a Statutes	S.					
SIGNATURE	Signature, typed or printed name of registered age:	the section of the section is a section of the sect		ant alamatus	e required when reinstating)	DATÉ			
12,	OFFICERS AND		13.	cur aftiern	ADDITIONS/CHANGES TO OFFI		NECTOR	S IN 12	٦ź
TITLE	VD CITIEZIO ALL	DELETE	1.1 TITLE		ADDITIONO/OTIANGED TO OTT		Change	Addition	ءُ ا
NAME	HARDAN, DAVID L		1.2 NAME			_			13
	2601 F STREET								ĺŝ
STREET ADDRESS	BAKERSFIELD CA		1.3 STREET						Ü
CITY-ST-ZIP		- I nevere	1.4 C(TY - S	ST-ZIP			100	1000	٩į
TITLE	VTD	DELETE	2,1 TITLE			Ļ	Change	Addition	1
NAME	BARTON, JAMES A		2.2 NAME						
STREET ADDRESS	1501 QUAIL STREET		2.3 STREET	ADDRESS	,				}
CITY-ST-ZIP	NEWPORT BEACH CA		2, 4 CITY - S	ST-ZIP]
TITLE	S	☐ DELETE	3.1 TITLE		1	Ĺ	Change	Addition	
NAME	ronnenberg, Kristin L		3.2 NAME						İ
STREET ADDRESS	1501 QUAIL STREET		3.3 STREET	ADDRESS					
CITY - ST - ZIP	NEWPORT BEACH CA		3.4. CITY-S	ST-71P		•			
TITLE	PD	DELETE	4.1 TITLE		CD	X	Change .	Addition	1
NAME	MADDOCK, T S	_	4, 2 NAME]		•		1
-	1501 QUAIL STREET		4.3 STREET ADDRESS						
STREET ADDRESS	NEWPORT BEACH CA					1			
CiTY-ST-ZiP	VD	DELETE	4.4 CITY - ST - ZIP		<u> </u>		Change	Addition	┨
TITLE	· -	☐ DELETE	5.1 TITLE			<u> </u>	Change	☐ Addition	
NAME	D'ANGELO, SALVATORE		5.2 NAME		ļ				
STREET ADDRESS	320 E. SOUTH ST.		5.3 STREET ADDRESS						
CITY - ST - ZIP	ORLANDO FL		5.4 CITY - ST - ZIP						
TITLE		☐ DELETE	6.1 TITLE		PD		Change	X Addition	ļ
NAME			6.2 NAME		Daniel W. Boyd				
STREET ADDRESS			6.3 STREET	ADDRESS	1501 Quail Street			-	
CITY-ST-ZIP			6.4 CITY-ST		Newport Beach, CA 9266	n			
14. I hereby o	ertify that the information supplied wil	h this filing does not qualify for th	e exemp	tion state	ed in Section 119.07(3)(i), Florida Statutes. I	further certi	fy that the	information	1
indicated	on this applied report or supplemental	appeal copper to true and accura	to and the	at mu cic	moture chall have the come ledgl effect as	f made unde	ar oath, the	tlam an	1

4. I hereby certify that the information supplied with this filling 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 charged, or on an attachment with an address.

SIGNATURE:

Mostine Detromandona

1-6-98

714-476-3400