Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90103 033 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 856317

1. Corporation Name

	OGRAPHY RESEARCH & SUF	RVEY, INC.							
Principal Place	e of Business	Mailing Address	***************************************			t 100(0) reidi etire ett		,	1811 81811 1881
7600 W 20 AVE	E #213	7600 W. 20 AVE. #220	ı			•			
HIALEAH FL 33016-5514		7600 W 20 AVE #213			DO NO	OT WRITE IN TH	IIS SDACE		
U\$		HIALEAH FL 33016-551 US	4		⊢.	3. Date Incorporated or C		113 SPACE	
						05/03/1983			
2. Principal P	lace of Business	2a. Mailing Address			- 4	5. FEI Number			plied For
21		26				<u>59-1814412</u>			t Applicable
	#, etc.	Suite, Apt. #, etc.	- , -		· !	. Certifcate of Status De	sired 🔲	\$8.75 A	,
22		[27]							———
City & Stat	1 0	City & State			'	Election Campaign Fin Trust Fund Contribution	- 11	\$5.00 Added to	
23 Tip	Country	28	Cou	ntrv —		This corporation owes			01663
Zip		29	30	· y	·	Personal Property Tax		Yes	■No
24	9. Name and Address of Current		[30]	· -	1	0. Name and Address o			
	3. 140110 0110 74001000 01 0011011	1.08.0		81 Name					
LAZA	ARE, FRANCOIS							·	
7600 W 20TH AVE #213				82 Street	Address	(P.O. Box Number is Not	Acceptable)		ľ
HIAL	EAH FL 33016			83					
	•			<u> </u>	-			1	
1	•			84 City			F	85 Zip C	Code
11. Pursuant office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of the familiar with, and accept the obligation	and 607.1508, Florida St f Florida. Such change w	atutes, the a	bove-named by the corp	corporation's	on submits this statement board of directors. I hereb	for the purpose by accept the ap	of changing its pointment as req	registered - gistered
agent. I a	E 1 4 2 4 0 F		resident			Apar	6. 1999		
agent. I a	F. LAZARE Signature, typed or printed name of registered agent	and title if applicable. (1	Terment NOTE: Registered		required whe	n reinstating)	DATE		
agent. I a SIGNATURE 12.	F. LAZARE Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (I	NOTE: Registered 13.	Agent signature	required whe	177	DATE		
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AGENTURE SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND PSD LAZARE, FRANCOIS 7609 W 20TH-AVE #220 HIALEAH FL	DELETE	13. 1.1 Tr 1.2 N/ 1.3 St 1.4 Cl 2.1 Tr 2.2 N/ 2.3 St 2.4 Cl 3.1 Tr 3.2 N/ 3.3 St 3.4 Cl 4.1 Tr 4.2 N/ 4.3 St 4.4 Cl 5.1 Tr 5.2 N/ 5.2	Agent signature TLE MME REET ADDRESS TY-ST-ZIP TLE MME REET ADDRESS ITY-ST-ZIP TLE MME REET ADDRESS TY-ST-ZIP TLE AME REET ADDRESS TY-ST-ZIP TLE REET ADDRESS TY-ST-ZIP TLE REET ADDRESS	760	n reinstating) ADDITIONS/CHANGES	TO OFFICERS	☐ Change ☐ Change ☐ Change ☐ Change	Addition Addition Addition
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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.

SIGNATURE:

SIGNATULER RECEIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04.06.1999

Daytime Phone #