FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
96 AUG 28 AM 8:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F25539 (0)

1. Corporation Name

IC ENGINEERING, INC.

Principal Place of Business	Mailing Address
12160 WILES RD CORAL SPRINGS FL 33076 US	PO BOX 8790 CORAL SPRINGS FL 33075 US

3. Date Incorporated or Qualified: 03/13/1981	3a. Date of Last Report: 02/16/1995
4. FEI Number: 59-2174666	☐ Applied For ☐ Not Applicable
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	

2. Principal Place of Business	2a. Mailing Address
21 2313 COUNTY RD 323	26 PO BOX 1339
22 Suite, Apt. #, etc. —	27 Suite, Apt. #, etc.
23 City & State: WESTCLIFFE, CO	28 City & State: WESTCLIFFE, CO
24 Zip: 81252 25 Country: USA	29 Zip: 81252 30 Country: USA

9. Name and Address of Current Registered Agent

BRANDT, BENITA J.
12160 WILES RD
CORAL SPRINGS FL 33076

10. Name and Address of New Registered Agent

81 Name: WILLIAM WEBB + ASSOC.
82 Street Address (P.O. Box Number is Not Acceptable): 404 E. ATLANTIC BLVD.
83 ATTN: MARTY KIDWELL
84 City: POMPANO BEACH FL 85 Zip Code: 33060

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] MARTIN C KIDWELL DATE 8/21/96

12. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	BRANDT, BENITA J.
STREET ADDRESS	3162 NW 114TH LANE
CITY-ST-ZIP	CORAL SPRINGS FL
☐ DELETE	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
☐ DELETE	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
☐ DELETE	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
☐ DELETE	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
☐ DELETE	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	PSD	☒ Change ☐ Addition
1 2 NAME	SILVESTRI, BENITA J.	
1 3 STREET ADDRESS	2313 COUNTY RD 323	
1 4 CITY-ST-ZIP	WEST CLIFFE, CO 81252	
2 1 TITLE	V.P.	☐ Change ☐ Addition
2 2 NAME	SILVESTRI, JOHN J.	
2 3 STREET ADDRESS	2313 COUNTY RD 323	
2 4 CITY-ST-ZIP	WESTCLIFFE, CO 81252	
3 1 TITLE		☐ Change ☐ Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY-ST-ZIP		
4 1 TITLE		☐ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY-ST-ZIP		
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY-ST-ZIP		
6 1 TITLE		☐ Change ☐ Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 CITY-ST-ZIP		

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****225.00 ****225.00

700001985047
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******8.75 ******8.75

8/28

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Benita J Silvestri, BENITA J. SILVESTRI 4-26-96 719-783-3399
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0123985 CP