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

STREET ADDRESS

PROFIT CORPORATION ANNUAL REPORT 1996  DOCUMENT # F60328			FLORIDA DEPARTMENT OF STATE  Sandra B. Mortham  Secretary of State  DIVISION OF CORPORATIONS  (4)									
·	GINEERING, INC.											
Principal Place of	Business	Mail	ing Address				_	i iddiiba jiir diili oom	J (1111) 11001	ITII AMIN DIA	il Bibil Bibil 3	IĀII AIĀIS IĀRI
5011 GEORGIA AVE. W. PALM BCH. FL 33405			011 GEORGIA AVE. 7. PALM BCH. FL 334	05			3	Date Incorporated or C	ualified	3a. Date	of Last Re	port
								01/04/1982			3/10/199	5
2. Principal Plac	e of Business		Mailing Address				4.	FEI Number 59-2147106			<b>├</b>	pplied For ot Applicable
21] Suite, Apt. #,	elc.	26	Suite, Apt. #, etc.				5.	Certificate of Status De	esired			Additional equired
City & State		<b>⊢</b> -¬	City & State					Election Campaign Fin Trust Fund Contribution			\$5.00	May Be
<b>23</b> Zip	Country	28	Zip	Cour	try		8.	This corporation has li Florida Statutes	ability for Yes	□ No	ax under s	
24	9. Name and Address of		ered Agent	1301			10.	Name and Address	of New R	legistered	Agent	
					81	Name						
IBSEN, SVEND					B2	Street Ade	dress (P.	O. Box Number is Not	Acceptat	ole)		
	orgia ave. BCH. Fl 33405				83							
W. PALM	BOH. 1 L 33403			ŀ	B4	City				FI	65 Zip	Code
or registere familiar with	the provisions of Sections of degent, or both, in the Statin, and accept the obligations	of, Section 607.0	0505, Florida Statute		•			einstating)		DATE		
12.	OFFIC	ERS AND DIREC	TT	13.				ADDITIONS/CHANGE	S TO OF	FICERS AN		
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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 indigated 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 cath; that I am an officer or director of the corpiration 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, of on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Determine Type Or Printed NAME OF SIGNING OFFICER OR DIRECTOR

6 4 CITY-ST-ZIP

CR2E034 (12/95)