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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS May 10, 1999 8:00 am Secretary of State 05-10-1999 90065 010 ***150.00

1999

DOCUMENT # F93000001041

1. Corporation Name

ENCINEEDING AND FIDE INVESTIGATIONS INC

	JIMIL MARCONE	IATIONS, INC.									
Principal Place of Business		Mailing Address					1 1601100 7110 10103	1861 1 863 18 64 1 8			1 83841 1161 1881
ENGINEERING AND FIRE INVE	STIGATIONS, INC	P O BOX 316									
2218 NORTHPARK DRIVE SUITE 7											
KINGWOOD TX 77339 PARSIPPANY NJ 07054-0316			054-0316			<u> </u>	DO NOT WRITE IN THIS SPACE				
U\$		U\$					Date Incorporated o	r Qualifed			
							02/24/1993				
2. Principal Place of Busine	ess	2a. Mailing Address	S				FEI Number				pplied For
21		26					74-20 <u>60 190</u>				lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. (Certifcate of Status	Desired [ם		Additional Required	
City & State		City & State									
City & State		<u> </u>				Election Campaign I Trust Fund Contribu	- 1			May Be I to Fees	
23	Country	28 Zip		Country							to rees
Zip	Country		30	oouriu y			This corporation owe Personal Property Т			Yes	□No
	nd Address of Curre	29 Agent					Name and Address				
9. Name a	ing Address of Corre	III Negistered Agent		81	Name		Typino and Figures				
C T CORPORATI	on System			82							
1200 SOUTH PINE ISLAND ROAD					Street A	Address (P.0	O, Box Number is N	ot Acceptable	1)		
PLANTATION FL				83							
* 1				1							
				84	City	_			FL	1	Code
11. Pursuant to the provision	ns of Sections 607.050	2 and 607.1508, Florida	Statutes, the	e above	-named c	corporation	submits this statem	ent for the pur	pose of ch	anging it	s registered
office or registered age	nt, or both, in the State n. and accept the obliga	of Florida, Such change ations of, Section 607.050	was authori 05, Florida S	ized by t Statutes.	ne corpo	ration's boa	ara of directors. I he	reby accept to	ie appointi	nent as r	egistered
• • •	,, and and appropriate the sign		. ,								
SIGNATURE Signature, typed o	printed name of registered age	ent and title if applicable.	(NOTE: Regist	tered Agent	signature re	quired when rein			DATE		
12.	OFFICERS AN	ND DIRECTORS		43							
TITLE PTCE				13.		AI	DDITIONS/CHANG	ES 10 OFFIC			
		☐ DELE		I.1 TITLE		AI	DDITIONS/CHANGI	ES 10 OFFIC		DIRECT	
	N, MICHAEL W		ETE 1			AI	DDITIONS/CHANG	ES 10 OFFIC			
	N, MICHAEL W HPARK DRIVE		ETE 1	.1 TITLE	ADDRESS	AI	DDITIONS/CHANG	ES 10 OFFIC			
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

9 CAMPUS DRIVE

PARSIPPANY NJ 07054

CR2E034 (11/98)