Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90073 008 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9400004085

SUNIVITZ	CAMID ENGINEERS, INC.				
Principal Place	of Business	Mailing Address		-	() UÇILI: QIQI: QQIQI KOKO) OTIK 106)
·		•		,	
8300 BISSONNET 8300 BISSONNET SUITE 215 SUITE 215					
HOUSTON TX 77074 HOUSTON TX 77074			DO NOT WRITE IN TH	IS SPACE	
				3. Date Incorporated or Qualifed	
				08/08/1994	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 26			76-0173237	\$8.75 Additional	
		Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Required
22         27           City & State         City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
<b>_</b>		— ·		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	Intangible
24	25	·	30	Personal Property Tax.	ŬYes □No
	9. Name and Address of Curre	<u>. 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 </u>		10. Name and Address of New Registere	d Agent
81 1					
THE PRENTICE-HALL CORPORATION SYSTEM, INC.			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
1201 HAYS ST.					
SUITE 105			83		
TALLAHASSEE FL 32301		84 City		. 85 Zip Code	
		,		<u></u>	
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, typed or printed name of registered ag		Registered Agent signature required 13.	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
12.	PT OFFICERS A	ND DIRECTORS	1.1 TITLE	ADDITIONAL OF THE OFFICE OF THE OFFI	☐ Change ☐ Addition
	SCHMITZ, JOHN M		1.2 NAME		
NAME STREET ADDRESS	8300 BISSONNET		1.3 STREET ADDRESS		
	HOUSTON TX 77074	•	1.4 CITY-ST-ZIP		
CITY-ST-ZIP	VS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LAMB, JOHN A		2.2 NAME		'
STREET ADDRESS	8300 BISSONNET		2.3 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX 77074		2. 4 CITY-ST-ZIP		
TITLE	11000	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME .			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		□-DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		}
STREET ADDRESS			5.3 STREET ADDRESS		]
CITY-ST-ZIP			5.4 CITY-ST-ZIP		Change Addition
TITLE CONTE	480 40 21 3500	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	1 270		6.2 NAME	i.	

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 suppliemental 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 of 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 pri an attact)ment with an autoess, with all other like empowered.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP 314