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

**PROFIT CORPORATION** ANNUAL REPORT

TITLE

NAME STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1998 F95000002207 (7) DOCUMENT #

COWLEY ENGINEERING, P.C.

Principal Place of Business Mailing Address						r semisme inte toues errit derrit matrit abilit chite tiber faut fant 1664 fant		
P.O. BOX 470756 CHARLOTTE NC 28247  P.O. BOX 470756 CHARLOTTE NC 28247						{		
						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		
<del></del>						05/05/1995	<del></del>	
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	<b></b>	Applied For
Suite, Apt.	#. etc.	Suite, Apt #, etc.				56-1843502		Not Applicable  5 Additional
22		27				5. Certificate of Status Desired		Required
City & State	e	City & State				6. Election Campaign Financing	\$5.0	00 May Bo
23		28				Trust Fund Contribution	Adde	ed to Fees
Zip ─	Country	Zip	Cour	ntry		8. This corporation owes or has paid the		
24	25 S. Name and Address of Curren	29 Agetered Agent	30			Personal Property Tax due June 30.  10. Name and Address of New Registe.	Yes	□ No
	WLEY, ANDRES M.D.	it Hegistered Agent		81	Name	IV. Haine pila Advisoe of New Hogista	DO AGOIL	
	)1 S.W. 37 AVENUE, SUITE 905		,	20	O	(0.0.0.1)		
MIAMI FL 33133				82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
			1	83				
			ļ	84	City		- 85 Z	ıp Code
			i	7	Oily		FL   <sup>63</sup>   *	ip code
	Signature, typed or printed name of registered ag-			Ager	l signature requir	ed when reinstating) DA		
12.	PT OFFICERS AN	D DIRECTORS	1.1 (0)		··	ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	
NAME	COWLEY, JORGE	occert	1.7 (U 1.2 NA		)		C Guenz	ie F"I Wignion
STREET ADDRESS	12911 LOW MEADOW COUR	rT			ADDRESS			
CITY-ST-ZIP	CHARLOTTE NC 28277	•	1.4 CH					
TITLE	\$	DELETE	2.1 117				Chang	je 🔲 Addilvori
NAME	COWLEY, DEBORAH		22 NA	ME				
STREET ADDRESS	12911 LOW MEADOW COUR	rT	2.3 \$16	REET A	ADDRESS			
CITY-ST-ZIP	CHARLOTTE NC 28277	T DELETE	2. 4 CI		I - ZIP	<u> </u>		
TITLE		☐ DELETE	3.1 111		ł		Chang	e L Addition
NAME STREET ADDRESS			3.2 NA		ADDRESS			
CITY-ST-ZIP			3.4. CII		1			
TITLE		DELETE	4.1 101				☐ Chang	e 🔲 Addilion
NAME			4. 2 NA	ME				
STREET ADDRESS			4.3 STF	REET A	ADDRESS			
CITY-ST-ZIP			4.4 CIT	Y-SI	- <b>7</b>  P			
TITLE		☐ DELETE	5.1 TITI				Chang	e 🔲 Addition
NAME			5.2 NA					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP			5.4 CH	Y-51	-ZIP			

14. Thereby 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 eath; that I am an officer or director of the corporation or the converse 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 this god, or on an attrictment with an address.

6.4 CITY- \$1 - ZIP

61 TITLE 6.2 NAME

DELETE

☐ Change ☐ Addition

**FILED** 

Apr 07 1998 8:00am

Secretary of State