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Jan 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F95000005175 (3)

1. Corporation Name
CARTER ENGINEERING COMPANY, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2099 SOMBRERO BLVD WILLIAM CLAY OGLETREE MARATHON FL 33050 US		Mailing Address 2099 SOMBRERO BLVD WILLIAM CLAY OGLETREE MARATHON FL 33050 US	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
9. Name and Address of Current Registered Agent CARTER, WILLIAM DAN 2099 SOMBRERO BLVD MARATHON FL 33050		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		FL	
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 agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
DATE			
12. OFFICERS AND DIRECTORS			
TITLES/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DC	DELETE	
NAME	CARTER, WILLIAM DAN		
STREET ADDRESS	2099 SOMBRERO BLVD		
CITY-ST-ZIP	MARATHON FL		
TITLE	CEO	DELETE	
NAME	CARTER, WILLIAM DAN		
STREET ADDRESS	2099 SOMBRERO BLVD		
CITY-ST-ZIP	MARATHON FL		
TITLE	DS	DELETE	
NAME	RABIN, DAVID J		
STREET ADDRESS	2099 SOMBRERO BLVD		
CITY-ST-ZIP	MARATHON FL		
TITLE		DELETE	
NAME	RAMIREZ-CARTER, HILDA		
STREET ADDRESS	2099 SOMBRERO BLVD		
CITY-ST-ZIP	MARATHON FL		
TITLE		DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

SIGNATURE:

[Signature] CEO

1/15/98

745-5383

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0145099

CR2E034 (10/97)