

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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90296 031 ***150.00

05-06-1999 90296 032 *****8.75

DOCUMENT # F95000005557

1. Corporation Name

SMITH CONSTRUCTION ENGINEERING CORP.



Principal Place of Business

521 N RIVERSIDE DR
#904
POMPANO BEACH FL 33062
US

Mailing Address

521 N RIVERSIDE DR
#904
POMPANO BEACH FL 33062
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/13/1995

2. Principal Place of Business

21 304 SW. 20th St

Suite, Apt. #, etc.

22 B

City & State

23 FT. LAUDERDALE, FL

Zip

24 33315

Country

25 B USA

2a. Mailing Address

26 304 SW. 20th St.

Suite, Apt. #, etc.

27 B

City & State

28 FT. LAUDERDALE, FL

Zip

29 33315

Country

30 USA

4. FEI Number

35-1829989

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

SMITH, NANCY

~~521 N RIVERSIDE DRIVE #904~~

~~POMPANO BEACH FL 33062~~

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

304 SW. 20th St. SUITE B

83

84 City

FT. LAUDERDALE

FL

85 Zip Code

33315

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

TITLE DCP ☐ DELETE

NAME SMITH, NANCY

STREET ADDRESS 521 N RIVERSIDE DRIVE #904

CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE DCV ☐ DELETE

NAME VICKERS, M. STEWART

STREET ADDRESS 2960 S CENTER ST

CITY-ST-ZIP TERRE HAUTE IN 47802

TITLE DST ☐ DELETE

NAME SVENDSEN, TRACY CHRIS

STREET ADDRESS 4807 OLD OAK DRIVE

CITY-ST-ZIP ORANGE TX

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change

☐ Addition

☐ Change

☐ Addition

☒ Change

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☐ Change

☐ Addition

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☐ Addition

☐ Change

☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-99

Date

954-401-5190

Daytime Phone #

CR2E034 (11/98)