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Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90006 012 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9600000943

IHE ENG	AINEERING GROUP, INC.															
Principal Place	e of Business	Mailing A	ddress						1 1001180					8411 80 11 0 11		AN CHE HAND
3535 WINJAMMER CIRCLE. UNIT #2004 3535 WINJAMMER CIRCLE. U					004				-							
NAPLES FL 34112 NAPLES FL 34112				•							HOT		W. T. 110	22405		
US US							DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified									
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									<u>/26/199</u>						4 1	
2. Principal Pl	lace of Business	2a. Mailing	2a. Mailing Address						l Number					\vdash	• • •	ed For
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Zip		·	1	30	,				rsonal Pr			Cunten	year nu	Yes]No
24	9. Name and Address of Curre	ot Registered A	Agent	30	Ι				me and			w Rea	istered			
	5. Name and Address of Corre	in registered F	-gent		81	Name										
KRUC	GGEL, GEORGE F P.E.				Щ											
3535 WINJAMMER CIRCLE, UNIT #2004					82 Street Add			s (P.O.	Box Nun	nber is l	Not Acc	eptable	:)			
NAPLES FL 34112					83											
					84	City							FL	85 Z	ip Co	de
44 Durayant	to the provisions of Sections 607.05	02 and 607 150	8 Florida Statut	s the a	Ll	-named	corpor	ation su	bmits this	s staten	nent for	the pu	mose of	changing	its re	gistered
office or n	registered agent, or both, in the State m familiar with, and accept the oblig	of Florida Suc	h change was a	uthonzed	יעם נ	the corp	oration	's board	of direct	ors. i h	ereby a	ccept ti	ne appoi	ntment as	s regis	itered
SIGNATURE	,															
	Signature, typed or printed name of registered ag		·	Registered	Agen	t signature	required w			CHANG	EC TO	OFFIC	DATE	D DIREC	TOP	S IN 12
12.		ND DIRECTORS	S DELETE	13.	n.c		1	ADL	JI IUNS/	CHANG	ES 10	OFFIC	EKS AN	Chan		Addition
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NAME	KRUGGEL, GEORGE F P.E.				1.2 NAME 1.3 STREET ADDRESS					•						
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NAME				6.2 N	AME											

CITY-ST-ZIP 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 leport 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 dordoration 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 chapter 6, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS