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Feb 08, 1999 8:00am
Secretary of State

0646794

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

02-08-1999 90050 005 ****158.75

DOCUMENT # **F96000004326**
 1. Corporation Name
C & S ENGINEERS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
1099 AIRPORT BLVD **1099 AIRPORT BLVD**
N SYRACUSE NY 13212 **N SYRACUSE NY 13212**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

3. Date Incorporated or Qualified
08/23/1996

4. FEI Number **13-5318940** 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

C & S CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 85 Zip Code **FL**

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

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)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	DATE
DC	CALOCERINOS, EMANUEL J 5000 SADDLEBROOK DR FAYETTEVILLE NY 13066	1.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DP	MACMURRAY, ORRIN B 8311 DIXON RD CAMDEN NY 13316	1.3 STREET ADDRESS	
DT	DAUSMAN, DEL B 8232 TURNSTONE DR MANLIUS NY 13104	1.4 CITY-ST-ZIP	
DVS	PECKHAM, RONALD L 4018 PAWNEE RD LIVERPOOL NY 13090	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	DEWEY, LOWELL B 156 PRATT ST E AURORA NY 14052	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 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)(f), 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 ANY TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DB. MacMurray Jan. 14, 1999 315-455-2000

CR2E034 (11/98)