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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

I Corporatio	/ CTIG	# F9730 ENGINEERING		P, INC				
Principal Plac	e of Business	3	N	Mailing Address				- I TREATEN LYIN HAITE JANDA JUIKE BAITE BANK BANK BANK BANK BANK BANK BANK BANK
100 PARNELL STREET P O BOX 540429 MERRITT ISLAND FL 32954-7429				100 PARNELL STREET P O BOX 540429 MERRITT ISLAND FL 32954-7429				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/30/1982
2. Principal Place of Business				2a. Mailing Address			-	4. FEI Number Applied For
21				26				59-2222176 Not Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.				S Certificate of Status Decired Status Recired
22				27				Fee Required
City & State			\vdash	City & State				8. Election Campaign Financing \$5.00 May Be
Zip Country			28	Zip Count				Trust Fund Contribution Added to Fees
24	}	25	29	rih	30	· ···· y	,	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
[24]		and Address of Curre		stered Agent	[30]			10. Name and Address of New Registered Agent
M	AYER, JOSE	PH. W				81	Name	
4251 CROOKED MILE RO						82	Stroot Add	dress (P.O. Box Number is Not Acceptable)
MERRITT ISLAND FL 32952						02	Street Aut	diess (F.O. Box Number is Not Acceptable)
1					ľ	83		
					ŀ	84	City	■ 85 Zip Code
							1	FL " ' ' ' ' '
SIGNATURE		ons of Sections 607.05 ent, or both, in the Stat h, and accept the oblig or printed name of registered as						rporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
12.		OFFICERS AF	ND DIRE	CTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PDS			DELETE	1.1 TIT	LE		☐ Change ☐ Addition
NAME MAYER, JOSEPH W					1.2 NA	ME		
STREET ADDRESS 4251 CROOKED MILE RD					1.3 STI	REET	ADDRESS	
CITY-ST-ZIP							ST-ZIP	
1eTLE	VP	00 J D		DELETÉ	2.1 TIT			☐ Change ☐ Addition
NAME	CABANI				2.2 NA			
STREET ADDRESS	ALCODOTT IOLAND CI						ADDRESS	
CITY-ST-ZIP		I ISLANU FL		Decemb	_	_	ST-ZIP	
TITLE	VP CARESO	HE MADOO D		DELETÉ	3.1 117		į	Change Addition
NAME CAZESSUS, MARCO P STREET ADDRESS 100 PARNELL ST				3.2 N				}
APPORTE IN THE PL							ADDRESS	·
CITY-ST-ZIP	MEDDII	I ISLANU FL		DELETE	3.4. CI 4.1 TIT	_	ST-ZIP	Change Addition
ĺ	1			LJ DECEIC	•		l	Change C. Adorton
NAME DEPENDENCE					4. 2 NA			
STREET ADDRESS					· ·		ADDRESS	
CITY-ST-ZIP				DELETE	4.4 CIT 5.1 TIT	_	i1-ZP	Change Addition
				ال منداد			1	C cusule C whereau
NAME					5.2 NA	ME.		

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, of on an attachment with an address.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

11 7

02/12/18

FILED

Feb 18 1998 8:00am

Secretary of State

407-453-0010

Addition

Change