05-06-1999 90125 039 \*\*\*150.00

## 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** 

## DOCUMENT # F98000002749

OTTENS	TEIN ENGINEERING SERV.,	INC.									
Principal Place	e of Business	Mailing Address	*				<b>a</b> iii <b>aa</b> iii <b>aa</b> isi i				
Principal Place of Business  Mailing Address  314 PALMETTO AVE.  GREEN COVE SPRINGS FL 32043  Mailing Address  314 PALMETTO AVE.  GREEN COVE SPRINGS FL 32043						DO NOT WR	ITE IN THIS	SPACE	:		
						3. Date Incorporated or Qualifect 05/14/1998	l				
2. Principal Place of Business 2a. Mailing Address						4. FEI Number			App	lied For	
21 26						<b>59-35</b> 07151			Not	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		Fee Required			
City & Stat	е	City & State				Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees				
Zip	Country	Zip	Country	y		8. This corporation owes the cur	rent year Int			<b>-</b>	
24	25	29	30			Personal Property Tax.		¥dYes	L	□No	
	9. Name and Address of Current	Registered Agent	·	т.		10. Name and Address of New	Registered	Agent			
Λπ	ENOTEIN WEINT DETED		81	י וי	Vame						
OTTENSTEIN, HEINZ-PETER			82	2 5	Street Addres	ss (P.O. Box Number is Not Accept	table)				
314 PALMETTO AVE. GREEN COVE SPRINGS FL 32043			<u></u>	┸							
GRE	EN COVE SPRINGS PL 32043		83	3							
			84	1	City		FL	• [ ]	Zip Co		
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of familiar with, and accept the obligat	of Florida. Such change was a	uthorized by	/ the	amed corpor corporation	ration submits this statement for the 's board of directors. I hereby acce	purpose of pt the appoi	changing ntment a	g its regi	egistered stered	
SIGNATURE	, ,										
	Signature, typed or printed name of registered agent			ent si	gnature required v		DATE			-	
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OF	FICERS AN	Chai		Addition	
TITLE	0.0		1	1.1 TITLE					iige		
NAME	• • • • • • • • • • • • • • • • • • • •			1.2 NAME							
STREET ADDRESS				1.3 STREET ADDRESS							
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043			ST-Z	<u> </u>			☐ Chai		Maddition	
TITLE		☐ DELETE	2.1 TITLE		Į .				ilge	☐ Addieon	
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CITY-ST-ZIP				2. 4 CITY-ST-ZIP 3.1 TITLE				☐ Chai	nne	Addition	
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CITY-ST-ZIP		☐ DELETE	3.4. CITY- 4.1 TITLE	SI-Z	IP			☐ Cha	nge .	Addition	
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CITY-ST-ZIP		☐ DELETE	4.4 CITY-5	SI-Z	<u> </u>			☐ Cha	nge	Addition	
TITLE			5.2 NAME					_	~	_	
NAME STREET ADDRESS			5.3 STREE		ORESS						
STREET ADDRESS			5.4 CITY-5		1						
CITY-ST-ZIP TITLE		☐ OELETE	6.1 TITLE		-			☐ Chai	nge	Addition	
NAME			6.2 NAME						-		

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 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

APRIL, 29.1999