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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B, Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # G00107 (4) SCHAEFER AND FAGAN CONSULTING ENGINEERS, INC.					
Principal Place of Business 4152 WEST BLUE HERON BLVD., #128 RIVIERA BCH FL 33404		Mailing Address 4152 West Blue Heron Blvd., #128 Riviera BCH Fl 33404-4859		I LEGILH OUTH BERN BOTH TION DELIA IDEX BIBN BIRLY BURN BIRLY BURN BIRLY BURN	
				3. Date Incorporated or Qualified 09/15/1982	Date of Last Report 03/04/1996
·	Place of Business	2a. Mailing Address		4. FEI Number 59-2217796	Applied For
Suite, Apt	#, etc	Suite, Apt. #, etc.			Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stal	te	City & State		6. Election Campaign Financing	\$5.00 May Be
Z (p)	Country	28	Country	Trust Fund Contribution 8. This corporation has liability for intangent in the second contribution i	Added to Fees
24	25	<u>}</u>	30	Florida Statutes Yes	s 🔲 No
	9, Name and Address of Curr	ent Registered Agent	ALL:	10. Name and Address of New Registe	red Agent
	GAN, GREGORY J.	•	81 Name		
4152 BLUE HERON BLVD W, #128 RIVIERA BCH FL 33404			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
, , , , , , , , , , , , , , , , , , ,	ILIM DOLL I L GOTOT		83		
		,	84 City	· · · · · · · · · · · · · · · · · · ·	to I 7/2 Code
					FL 85 Zip Code
office or agent. La SIGNATURE	registered agent, or both, in the Sta arr: familiar with, and accept the obt Signature, typed or united to		rida Statutes. Registered Agent signature requir	contain submits this statement for the purpolion's board of directors. I hereby accept the	appointment as registered
12.	OFFICERS A		13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TOLE	DPVS C	DELETE	1,1 TITLE		Change Addition
NAME	FAGAN, GREGORY J		1.2 NAME		.4
STREET ADDRESS	4152 W BLUE HERON #128 RIVIERA BCH FL		1.3 STREET ADDRESS		10.
CITY-S1-ZIP	HIVIERA DOTI FL	DELETE	1.4 City-St-ZiP 2.1 Title		Change Addition
NAME			22 NAME		La cronde La crossion
STREET ADDRESS			2.3 STREET ADDRESS		
CHTY: ST-ZIP	ļ		2. 4 CITY-ST-ZIP		
THLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - 7IP		DELETE	3 4. DITY-ST-ZIP		Change Addition
TITLE NAME		U OECETE	4.1 TITLE 4. 2 NAME		L Change L Addition
STREET ADDRESS			4.3 STREET ADDRESS		
CITY: ST-ZIF			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		Į
CITY - \$1 - 7(P			5.4 CITY-ST-ZIP		
TITLE		☐ DELETÉ	6.1 TITLE		Change Addition
NAME		<i>_</i>	6.2 NAME		}
STREET ADDRESS			6.3 STREET ADDRESS		

14. I do hereby certify that the information supplied with this tiling thes not qualify for the information indicated on this annual report or supplemental arrival report is true and occur are an officer or director of the corporation or the receiver or trustee empowered the example are in Block 12 or Block 13 if changed, or on an attachment with an address. pumption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the curate and that my signature shall have the same legal effect as 4 made under oath; that the third third that the report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

FILED

Apr 25 1997 8:00am

Secretary of State