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 # G23911

1. Corporation Name

CONSULTING AND ENGINEERING FOR THE HANDICAPPED, INC.

Principal Place of Business

4425-63 CR N
PINELLAS PARK FL 34665

Mailing Address

4425-63 CR N
PINELLAS PARK FL 34665

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed		
02/15/1983		
4. FEI Number		Applied For
59-2270496		Not Applicable
5. Certifcate 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

2. Principal Place of Business `21`	2a. Mailing Address `26`	
Suite, Apt. #, etc. `22`	Suite, Apt. #, etc. `27`	
City & State `23`	City & State `28`	
Zip `24` Country `25`	Zip `29` Country `30`	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FAAS, PHILLIP 4457 63 CIR, NORTH PINELLAS PARK FL 34665	`81` Name `82` Street Address (P.O. Box Number is Not Acceptable) `83` `84` City **FL** `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) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **P**	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME **FAAS, PHILLIP G.**		1.2 NAME	
STREET ADDRESS **3134 BAYSHORE BLVD.**		1.3 STREET ADDRESS	
CITY-ST-ZIP **ST. PETERSBURG FL**		1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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.

SIGNATURE: _____ REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-99 Date

727-522-0364 Daytime Phone #

CR2E034 (11/98)