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 # G57261

1. Corporation Name

HENZ ENGINEERING, INC.

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Principal Place of Business Mailing Address												
713 E BROWARD BLVD 713 E BROWARD BLVD												
FT LAUDERDAL	E FL 33301		FT LAUDERDALE FL 33301				DO NOT WRITE IN THIS SPACE					
US		US	US				3. Date Incorporated or Qualifed					
							1		•			
		1 a 44 % A 11					08/22/1983 4. FEI Number)			And	lied For
2. Principal Pl	lace of Business	2a. Mailing Address					l	^		-	+	Applicable
21		26				59-233736	9		40		dditional	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					5. Certificate of S	Status Desired				guired
22		27										·
City & State	9	City & State					6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees					
23		28					Trust Fund Co				ded to	rees
Zip				ountry 8			8. This corporation owes the current year Intangible					
24	25	29					Personal Property Tax. Yes No 10. Name and Address of New Registered Agent					
	9. Name and Address of Curren	t Registered Agent					10. Name and A	ddress of New	Registered	Agent		
				81	Nai	ne						
	Z, THOMAS E.			82	Stre	et Addre	ss (P.O. Box Numb	er is Not Accep	table)		•	
	E BROWARD BLVD											
FT. L	AUDERDALE FL 33301	4		83								
					-					85	Zip C	ode
				84	City	,			Fl	_ 65	Zip C	.000
11 Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida State	utes, the a	bove	e-nan	ed corpo	ration submits this	statement for th	e purpose o	changi	ng its	registered
office or n	egistered agent, or both, in the State	of Florida. Such change was	autnorized	ару	tne c	orporation	n's board of director	s. I hereby acc	ept the appo	intment	as reg	jistered
agent. I a	m familiar with, and accept the obliga	nions of, Section 607.0303, F	ionua Stat	uics	•							
SIGNATURE	Signature, typed or printed name of registered ager	ot and title if applicable (NO	TE: Registerer	i Aner	nt siona	ure required	when reinstating)		DATE			
12.		ID DIRECTORS	13.	2 7 igo:		• • • • • •	ADDITIONS/C	HANGES TO C	FFICERS A	ND DIRE	CTO	RS IN 12
TITLE	DP	☐ DELETE	1.1 TI	ITLE						☐ Ch		☐ Addition
	HENZ, THOMAS E		12 N									
NAME					3 STREET ADDRESS							
STREET ADDRESS	713 E BROWARD BLVD			4 CITY-ST-ZIP		233						
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	C DELETE			T-ZIP				 	∏ Ch	ande	Addition
TITLE	S			2.1 TITLE						_, 0,,	ungo	
NAME	HENZ, UNENDA			2.2 NAME								
_STREET ADDRESS			2.3 S	TREET	TADDR	ESS						
CITY-ST-ZIP	FT LAUDERDALE FL 33301			CITY-S	ST-ZIP							T A Juliana
TITLE		☐ DELETÉ	3.1 T	ITLE						☐ Ch	ange	☐ Addition
NAME			3.2 N	AME								
STREET ADORESS			3.3 S	TREE	TADDR	ESS						
CITY-ST-ZIP			3.4. 0	CITY-S	ST-ZIP							
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CITY-ST-ZIP TITLE		□ DELETE	51T		, - <u>4.11</u>					☐ Ch	ange	Addition
			5.2 N								-	_
NAME					TADOR	FSS						
STREET ADDRESS				ITY-S								
CITY-ST-ZIP		[] Delete	5.4 U		1-2112	1				□ Ch	ange	Addition
TTLE		☐ DELETE	0.11	IICE							nige	

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 agrual 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 received 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:

NAME

STREET ADDRESS

REQUIRES NAME OF SIGNING OFFICER OR DIRECTOR

FILED May 15, 1999 8:00 am Secretary of State

05-15-1999 90020 005 ***150.00