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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

G88984

(1)

1. Corporation	n Name	` '					
DEW	'ENGINEERING, INC						
					1 10 11 14 10 10 14 10 10 10 10 10 10 10 10 10 10 10 10 10	BH 618 180 000 000	
Principal Place of Business Maining Address							
P.O. BOX	5033	1015 FLUSHING AVE P.O. BOX 5033	P.O. BOX 5033				
CLEARWA	TER FL 34618-2033	CLEARWATER FL 346	618-2033		3. Date Incorporated or Qualified	3a. Date of Las	t Report
					03/06/1984	05/01	/1995
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	i L	Applied For	
Suite, Apt. #, etc.		26 Cuito Apl # ota		59-2403825		Not Applicable	
22		Suite, Apt. #, etc.		5, Certificate of Status Desired		75 Additional se Required	
City & State		City & State		Election Campaign Financing		·	
23		28		Trust Fund Contribution		.00 May Be ded to Fees	
Zφ	Country Zip C		Country	1	8. This corporation has liability for	intangible tax unde	rs 199.032,
24	25	29	30		Florida Statutes Yes No		
	9. Name and Address of Curre	int Registered Agent	81	Name	10. Name and Address of New R	legistered Agent	
W/ATT	, DAVID E.						
	, david e. Flushing ave.		82	Street Add	Iress (P.O. Box Number is Not Acceptab	ale)	
	RWATER FL 34624		83				
			84	City		lee I	7- O-d-
			-	" "		FL	Zip Code
 11. Pursuant to or registere 	to the provisions of Sections 607,050 ed agent, or both, in the State of Flor	12 and 607.1508, Florida Statute: rida Such change was authorize	s, the above- id by the corr	named corpo oration's boa	ration submits this statement for the pur and of directors. I hereby accept the app	rpose of changing it	ts registered office
familiar wit	th, and accept the obligations of, Sec	ction 607.0505, Florida Statutes.	a by the corp	0.0000	and of directors. Thereby accept the app	SHITTION BS TOGISTON	red agent. Fam
SIGNATURE _	Signature typed or printed name of registered ager	et and little if any health. (NOT)	E. Dogobard Son	at a constant	ed when reinstating)		
12.			13.	10 signature require	ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIREC	TORS IN 12
TITLE .	PD	☐ DELETE	1, 1 TITLE		7,55,76,76,76,76,76,76,76,76,76,76,76,76,76,	Chang	
NAM."	WATT, DAVID E.						
STREET ADDRESS	1015 FLUSHING AVE		1.3 STREET ADDRESS				
CITY - ST - 7IF	CLEARWATER FL	Fig. Day Pro-	1.4 CITY - !	ST-ZIP		·	
TIFLE		☐ DETELE	2. 1 TITLE			[]] Chang	e
NAME STREET ADDRESS			2.2 NAME	ADDRESS			
CITY - ST - ZIP			2.3 STREET ADDRESS 2.4 CITY - ST - ZIP				
TITLE		☐ DELETE	3 1 TITLE			Chang	e
NAME		—	3.2 NAME				
STREET ADDRESS			33 STREE	T ADDRESS			
CITY-ST-ZIP			3.4 CITY-5	ST-ZIP			
1nue		☐ DELETE	4, 1 TITLE			Chang	e 🗌 Addition
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY ST-ZIP		☐ DELETE	4.4 CITY - ST - ZIP 5. 1 TITLE			Chang	e 🗀 Addition
NAMI		£1	5.2 NAME			[Critical	lo Disagnition
STREET ADDRESS			5.3 STREET ADDRESS				
C11Y - S1 - 7iP			5.4 CITY-ST-ZIP				
TITLE		☐ DELETE	6 1 TITLE			☐ Chang	e 🔲 Addition
NAME			6.2 NAME				
STREET ADDRESS	RELI ADDRESS		6.3 STREET ADDRESS				
CITY_SI_ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished			6.4 CITY - S	T-21F			
14. Tuo hereby	y cermy triat the information supplied	with this filing is voluntarily turnis	ned and doe	s not quality f	or the exemption stated in Section 119,	∪/ز3)(k), Florida Sta	itutes. I further

14. 100 hereby Certify that the information supplied with this firing is voluntarily furnished and obes not quality for the exemption stated in Section 119.07(3)(k). Florida Statutes. If urther 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 logal 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 cylanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE

SIGNATURE

SIGNATURE

SIGNATURE

Date

Date

Date

Date

Date

Date

Date

Date

Date

4-23-96 813-539 1672
Date Daytrie Phone #