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Feb 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H16854 (2)

1. Corporation Name

STEPHEN WHITEHOUSE ENGINEERS, INC.



Principal Place of Business

Mailing Address

109 NORTH BRUSH STREET
SUITE 100
TAMPA FL 33602-4153

109 NORTH BRUSH STREET
SUITE 100
TAMPA FL 33602-4153

3. Date Incorporated or Qualified
08/16/1984

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 518 N. Tampa St.

26 518 N. Tampa St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 200

27 200

City & State

City & State

23 Tampa FL

28 Tampa FL

Zip Country

Zip Country

24 33602

29 33602

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WHITEHOUSE, STEPHEN
517 DANUBE AVENUE
TAMPA FL 33606

81 Name
Rodolfo O. Paragon
82 Street Address (P.O. Box Number is Not Acceptable)
16104 Cambria Court
83
84 City
TAMPA
85 Zip Code
FL 33647

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	WHITEHOUSE, STEPHEN B.	
STREET ADDRESS	517 DANUBE AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Rodolfo O. PARAGON	
1.3 STREET ADDRESS	16104 Cambria Ct.	
1.4 CITY-ST-ZIP	Tampa, FL 33647	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

2-17-97

Date

Daytime Phone #

CR2E034 (9/96)