## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

May 07 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #**1. Corporation Name (9)J05906 EME ENGINEERING INC. Principal Place of Business Mailing Address 5128 S. 36TH AVE 5128 S. 36TH AVE. TAMPA FL 33619 TAMPA FL 33619 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/25/1986 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 58-1667734 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Z Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 26 Trust Fund Contribution Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible □ No 24 30 Personal Property Tax due June 30. g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name FIGARI, PETER 5400 AZURE WAY Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34242 83 84 City 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change Addition FIGARI, PETER CR2E034 NAME 12 NAME 5400 AZURE WAY STREET ADDRESS 1.3 STREET ADDRESS SARASOTA FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Addition 21 TITLE TITLE FIGARI, FRANK NAME 22 NAME STREET ADDRESS 5455 AZURE WAY 2.3 STREET ADDRESS SARASOTA FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY - ST - 7IP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 FITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP TITLE DELETE 61 TITLE Change Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby cortify 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 suppliencential 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 recover or Irustice 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 or parattachment with an address.

SIGNATURE:

Peren FIGARI

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