

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # J60550 (7)

1. Corporation Name

PROFESSIONAL ENGINEERING & INSPECTION COMPANY, I  
NC.



Principal Place of Business

Mailing Address

4360 WEST SUNRISE BLVD.  
4350 W SUNRISE BLVD STE 103-D  
PLANTATION FL 33313

4350 WEST SUNRISE BLVD.  
4350 W SUNRISE BLVD STE 103-D  
PLANTATION FL 33313

3. Date Incorporated or Qualified  
03/04/1987

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 4350 WEST SUNRISE BLVD.

26 4350 WEST SUNRISE BLVD.

4. FEI Number  
59-2784924

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 103-D

27 Suite 103-D

5. Certificate 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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

23

City & State

28

City & State

24

Zip

Country

29

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DICKERSON, WRIGHT  
4350 W. SUNRISE BLVD.  
STE 103  
PLANTATION FL 33313

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 of individual or authorized agent and that of applicant)

(Signature of Registered Agent required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
DP  
ELZWEIG, GARY H.  
P.O. BOX 15991  
PLANTATION FL

☐ DELETE

1. TITLE  
2. NAME  
3. STREET ADDRESS  
4. CITY-STATE-ZIP

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
DCST  
DICKERSON, WRIGHT  
14366 TWISTED BRANCH BLVD.  
POWAY CA

☐ DELETE

2. TITLE  
3. NAME  
4. STREET ADDRESS  
5. CITY-STATE-ZIP

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

3. TITLE  
4. NAME  
5. STREET ADDRESS  
6. CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

4. TITLE  
5. NAME  
6. STREET ADDRESS  
7. CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

5. TITLE  
6. NAME  
7. STREET ADDRESS  
8. CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

6. TITLE  
7. NAME  
8. STREET ADDRESS  
9. CITY-STATE-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY H. ELZWEIG

Date

11/17/96

(205) 581-2009

Daytime Phone #

CR2E034 (12/95)