Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90023 019 ***158.75

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State ISION OF CORPORATIONS

DOCUI	MENT # J60550						
PROFESSIONAL ENGINEERING & INSPECTION COMPANY, I NC.							
Principal Place	e of Business	Mailing Address	-		is desire di dit d	 	
4350 WEST SUI		4350 W SUNRISE BLVD					
SUITE 103-D		SUITE 103-D		DO NOT WRITE IN THIS S	PACE		
PLANTATION FL US	_ 33313	PLANTATION FL 33313 US		3. Date Incorporated or Qualifed	17102		
03		00		03/04/1987			
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Ap	plied For	
21		26		59-2784924		t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A		
27					Fee Re		
	City & State City & State			6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees		-	
Zip	Country	Zip	Country	This corporation owes the current year Intar			
24	25	` -	30		∐Yes	□No	
241	9. Name and Address of Curren			10. Name and Address of New Registered A	gent		
			81 Name	e			
DICKERSON, WRIGHT 82 Street Addres				t Address (P.O. Box Number is Not Acceptable)			
4350 W. SUNRISE BLVD. STF 103				<u> </u>			
STE 103 PLANTATION FL 33313			83	·			
r CA	TATION 1E 33313		84 City	FL	85 Zip (Code	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	the above-name	d comparation submits this statement for the numose of Cl	nanging its	registered	
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	ot Florida. Such chande was au	inorized by the cor	poration's board of directors. I hereby accept the appoint	mem as re	gistored	
SIGNATURE				e required when reinstation) DATE			
	Signature, typed or printed name of registered ager		Registered Agent signature 13.	e required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO)RS IN 12	
12.	DP OFFICERS AN	D DIRECTORS	1.1 TITLE		☐ Change	☐ Additio	
NAME	ELZWEIG, GARY H.	_	1.2 NAME		٠		
STREET ADDRESS	P.O. BOX 15991		1.3 STREET ADDRES	s		•	
CITY-ST-ZIP	PLANTATION FL		1.4 CITY-ST-ZIP				
TITLE	DCST	☐ DELETE	2.1 TITLE		☐ Change	☐ Addition	
NAME	DICKERSON, WRIGHT		2.2 NAME	,			
STREET ADDRESS	14366 TWISTED BRANCH BLV	D.	2.3 STREET ADDRES	s			
CITY-ST-ZIP	POWAY CA	Постете	2. 4 CITY-ST-ZIP	<u> </u>	☐ Change	X Addition	
TITLE		☐ DELETE	3.1 TITLE 3.2 NAME	James Mair - Heasurer	Gridinge	<u> </u>	
NAME			3.3 STREET ADDRES	7895 Convoy Court #18			
STREET ADDRESS			3.4. CITY-ST-ZIP	San_Diego, CA 92111			
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE	Darm Diamkas Garactam	Change	Additio	
NAME			4. 2 NAME	Dawn Dierkes - Secretar 256 Codrington Drive	Y		
STREET ADDRESS			4.3 STREET ADDRES		FL 3	3308	
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE	Executive Vice Presiden	Change	Additio	
NAME			5.2 NAME	Mary Jo Zarco			
STREET ADDRESS			5.3 STREET ADDRES	I I JZ I D.W. JUII Manus			
CITY-ST-ZIP		☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	Davie, Florida 33325	Change	Additio	
TITLE		☐ PEFE IS	6.2 NAME				
NAME STREET ADDRESS			6.3 STREET ADDRES	s			
STREET ADDRESS	· /	\	•	- I			

6.4 CITY-ST-ZIP CITY-ST-ZIP 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 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 of 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.

SIGNATURE: