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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

Principal Place of Business

2. Principal Place of Business

Orlando, FL

WADE, JAMES N

ORLANDO FL 32803

SUITE 1702

427 N. Magnolia Ave.

25

800 N. MAGNOLIA AVENUE

800 N. MAGNOLIA AVE

Suite, Apt. #, etc.

City & State

ORLANDO FL 32803

#1702

23

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY - ST - ZIP

Zip

24 32801

DOCUMENT # J75406

Orange

9. Name and Address of Current Registered Agent

(5)

Mailing Address

#1702

27

28

29

800 N. MAGNOLIA AVE

ORLANDO FL 32003

2a. Mailing Address

City & State

32801

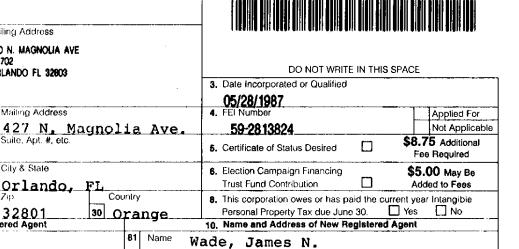
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Suite, Apt. #, etc.

Orlando,

ASSOCIATED COST ENGINEERS, INC.

FILED May 20 1998 8:00am Secretary of State



Street Address (P.O. Box Number is Not Acceptable)

Orlando,

N. Magnolia Ave

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 heroby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE PCEO 11 TILLE Change Addition EVP Business Development WADE, JAMES N NAME 1.2 NAME Kelly, Lavern R. 427 N. Magnolia Ave. 800 N. MAGNOLIA AVE., STE 1702 STREET ADDRESS 1.3 STREET ADDRESS **ORLANDO FL 32803** CITY-ST-ZIP 1.4 C(TY - ST - Z(P Orlando, FL 32801 DELETE ☐ Change Addition 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - \$1 - 2IP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-7IP CHTY-ST-ZIP TITLE DELETE 4.1 TITLE Addition

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE 6.2 NAME

DELFTE

DELETE

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CHY-ST-ZIP

4.4 CITY-ST-ZIP

Country

R1

82

83

84 City

CITY-ST-ZIP 64 CITY-ST-ZIP 14. Thereby 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 of 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 10 an attachment with an address.

.... Change

___ Addition

Addition