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

FILED Jan 21 1998 8:00am Secretary of State

| | Taas | See ME IN | DIVISION (| OF CORPORAT | IONS | Secretary of State |
|----------------------|---|----------------------------|-----------------------------|------------------------|-----------------|--|
| DOCÚ | MENT # | J88341 | (9) | | | — Scoretary of State |
| CHASS | SIS ENGINEER | ING. INC. | | | | |
|] | | | | | | I TEDITIR BYER FRANCI COLOR (AFTE COLOR CHAIN CHAIN CHAIN CHAIR BURLL CHAIR CHAIR CHAIN CONC |
| ĺ | | | | | | |
| Principal Plac | ce of Business | | Mailing Address | | | |
| 1500 AVE R | | | 1500 AVE R | | | |
| SUITE 200 | VOLL EL 20204 | | SUITE 200 | | | |
| US | NCH FL 33404 | | RIVIERA BEACH FL 3 | 3404 | | DO NOT WRITE IN THIS SPACE |
| | | | 00 | | | 3. Date Incorporated or Qualified 08/19/1987 |
| 2. Principal F | Place of Business | | 2a. Mailing Address | | • | 4. FEI Number Applied For |
| 21 | | | 26 | | | 59-2184070 Not Applicable |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired S8.75 Additional |
| Cib. 8 Ctat | | | 27 | | | Fee Required |
| City & Stat | le | | City & State | | | 6. Election Campaign Financing \$5.00 May Be |
| Zip | C | ountry | Zip | Country | | Trust Fund Contribution |
| 24 | 25 | , | 29 | 30 | , | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No |
| | ,, | ddress of Current F | | 1991 | | 10. Name and Address of New Registered Agent |
| EC | WARDS, WILLIAM | d O. | *** | 81 | Name | ; |
| 15 | 00 AVE R SUIT | E 200 | | 82 | Street A | Address (P.O. Box Number is Not Acceptable) |
| RI\ | VIERA BEACH FL | 33404 | | | | |
| | | | | 83 | | |
| | | | | 84 | City | 85 Zip Code |
| 11 Pursuant | to the provisions of | Sections 607 0502 a | nd 607 1500 Florida Sta | tutos the chou | 0.00000 | d corporation submits this statement for the purpose of changing its registered |
| office or r | egistered agent, or | both, in the State of | Florida. Such change wa | as authorized by | y the corp | a corporation's submits this statement for the purpose of changing its registered reporation's board of directors. I hereby accept the appointment as registered |
| | m iamiliar with, and | accept the obligation | ns of, Section 607.0505, | Fiorida Statute | S. | |
| SIGNATURE | Signature, typed or printer | name of registered agent a | nd title it applicable. (I | NOTE: Registered Ag | ent signature r | e required when reinstating) DATE |
| 12. | OFFICERS AND | | | 13. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | EDIMADDO M | III LIAM O | ☐ DELETE | 1.1 TITLE | | Change Addition |
| NAME | EDWARDS, WILLIAM O. 1500 AVE R SUITE 200 | | | 1.2 NAME | | |
| STREET ADDRESS | RIVIERA BEAC | | | 1.3 STREET | | |
| CITY-ST-ZIP TITLE | THEFT DEAC | 7111 L | DELETE | 1.4 CITY - S | T-ZIP | |
| NAME | | | ☐ nereie | 2.1 TITLE | | Change Addition |
| STREET ADDRESS | | | | 2.2 NAME 2.3 STREET | •000000 | |
| CITY-ST-ZIP | | | | 2, 4 CITY-1 | | |
| TITLE | | | DELETE | 3.1 TITLE | JI - LIF | Change Addition |
| NAME | | | | 3.2 NAME | 1 | 1 |
| STREET ADDRESS | | | | 3.3 STREET | ADDRESS | |
| CITY-ST-ZIP | | | | 3.4. CITY-5 | ST-ZIP | |
| TITLE | | | DELETE | 4.1 TITLE | | Change Addition |
| NAME | | | | 4. 2 NAME | | |
| STREET ADDRESS | | | | 4.3 STREET | ADDRESS | |
| CITY-ST-ZIP | <u>ي</u> | | | 4.4 CITY - S | T-ZIP | |
| TITLE | | | ☐ DELETE | 5.1 TITLE | Ì | ☐ Change ☐ Addition |
| NAME | | | | 5.2 NAME | | |
| STREET ADDRESS | | | | 5.3 STREET | | |
| CITY-ST-ZIP TITLE | | | ☐ DELETE | 5.4 CITY-S | T- ZIP | Change Addition |
| NAME | | | - OELEIE | 6.1 TITLE | | Change Addition |
| STREET ADDRESS | | | | 6.2 NAME 6.3 STREET | Annocee | |
| CITY-ST-ZIP | | | | 6.4 CITY - S | j | |
| | artifut that the inform | antina accompliant colors | his filing does not qualify | | -ZIF [| 1 1 C. 3 440 07/0V). Fl. 34 00-1 (1) 16 16 17 17 17 17 17 17 17 17 17 17 17 17 17 |

4. 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 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: Will

WILLIAM O. ENWARDS Willie

1/8/98

561-863-2188