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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90194 039 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J94711

1. Corporation Name

ALLTERRA ENGINEERING & TESTING, INC.



Principal Place of Business

Mailing Address

~~850 W. INDIANTOWN RD.~~
~~STE A~~
~~JUPITER FL 33458~~
US

~~850 W. INDIANTOWN RD.~~
~~STE A~~
~~JUPITER FL 33458~~
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/28/1987

4. FEI Number

65-0032025

Applied For

Not Applicable

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 3600 Investment Ln

26 P.O. Box 8700

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 104

27

City & State

City & State

23 West Palm Beach, FL

28 Jupiter, Florida

Zip

Country

Zip

Country

24 33404

25 US

29 33468

30

US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DREW, CAROL

~~850 W. INDIANTOWN RD.~~

~~STE A~~

~~JUPITER FL 33458~~

81 Name

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

16835 131st Way North

83

84

City

Jupiter

FL

85 Zip Code

33478

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)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE
NAME **DREW, CAROL**
STREET ADDRESS **16835 131ST WAY NORTH**
CITY-ST-ZIP **JUPITER FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **VP** ☐ DELETE
NAME **KARIM-CONRADO ABDEL**
STREET ADDRESS ~~19575 CAROLINA CIRCLE~~
CITY-ST-ZIP ~~BOCA RATON FL 33434~~

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☒ Change ☐ Addition

10848 Abenida Santa Ana
Boca Raton, FL 33498

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-3-99 561-881-1939

CR2E034 (1/98)