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

PROFIT CORPORATION ANNUAL REPORT 1999

Corporation Name

DOCUMENT # K11305



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90001 044 ***150.00

	OF SOUTH FLURIDA, INC						
						ENERGEN ENGN ANDRO GRAF	I Giā tā Pir ti irri
i	ace of Business	Mailing Address		**		ans alest aldit 41811 Bibli	8181 BIDII 1881
9550 N.W. 79	9 AVE	9550 N.W. 79 AVE					
BAY #8 HIALEAH GARDENS FL 33016 BAY #8 HIALEAH GARDENS FL 33016 BAY #8							
HIALEAH GARDENS FL 33016 HIALEAH GARDENS FL 330			3016		DO NOT WRITE	IN THIS SPACE	
					3. Date Incorporated or Qualifed		
2 Principal	Place of Business				01/07/1988		
21	Tiace of Busiliess	2a. Mailing Address			4. FEI Number	A	pplied For
Suite, Ap	at # etc	26			65-0023191	N	ot Applicable
22	n. n, o.o.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75	Additional
City & St	ate	27 Cit. 8 Cit.			C. Strandio C. Carab Beside	Fee R	equired
23		City & State			6. Election Campaign Financing	\$5.00	May Be
Zip	Country	28			Trust Fund Contribution		to Fees
24	25	Zip	Countr	У	8. This corporation owes the current	year Intangible	
24	9. Name and Address of Cu	[29]	30		Personal Property Tax.	☐ Yes	□No
	3. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New Regi	istered Agent	
GR	EGG, DALE		81	Name			
	50 N.W. 79TH AVE		82	Street Add	dress (P.O. Box Number is Not Acceptable	1	
	Y #8					,	
	LEAH GARDENS FL 33016		83	3	17		
****			84	City			
				-··· /			Code
ii. Fuisuan	redistered agent or both in the St	0502 and 607.1508, Florida Statute	s, the abov	e-named corr	posotion automite this state of the		· · · · · · · · · · · · · · · · · · ·
onice or		ate of Florida, Such change were or	. با المستحملة	o-married corp	poration submits this statement for the purp	pose of changing its	registered
agent. I	am familiar with, and accept the ob	ate of Florida. Such change was au digations of, Section 607.0505, Flor	ithorized by	the corporati	poration submits this statement for the purplion's board of directors. I hereby accept the	pose of changing its e appointment as re	registered gistered
_			ithorized by ida Statutes	the corporati	poration submits this statement for the purplion's board of directors. I hereby accept the	pose of changing its e appointment as re	registered gistered
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (NOTE:	ida Otalules	s .			registered gistered
SIGNATURE	Signature, typed or printed name of registered OFFICERS		ida Otalules	s .	ed when reinstating)	DATE	<u>_</u>
SIGNATURE	Signature, typed or printed name of registered OFFICERS PSD	agent and title if applicable. (NOTE:	Registered Age	s .		DATE ERS AND DIRECTO	PRS IN 12
SIGNATURE	Signature, typed or printed name of registered OFFICERS PSD GREGG, DALE	agent and trite if applicable. (NOTÉ: AND DIRECTORS	Registered Age	s .	ed when reinstating)	DATE	<u>_</u>
SIGNATURE 12. TITLE	Signature, typed or printed name of registered OFFICERS PSD GREGG, DALE 9150 TAFT STREET	agent and trile if applicable. (NOTE: AND DIRECTORS	Registered Age 13. 1.1 TITLE 1.2 NAME	nt signature require	ed when reinstating)	DATE ERS AND DIRECTO	PRS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered OFFICERS PSD GREGG, DALE	agent and trile if applicable. (NOTE: AND DIRECTORS	Registered Agei 13. 1.1 TITLE 1.2 NAME 1.3 STREET	nt signature require	ed when reinstating)	DATE ERS AND DIRECTO	PRS IN 12
12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered OFFICERS PSD GREGG, DALE 9150 TAFT STREET	agent and trile if applicable. (NOTE: AND DIRECTORS	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S	nt signature require	ed when reinstating)	DATE ERS AND DIRECTO Change	DRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered OFFICERS PSD GREGG, DALE 9150 TAFT STREET	agent and tribe if applicable. (NOTE: AND DIRECTORS DELETE	Registered Agei 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE	nt signature require	ed when reinstating)	DATE ERS AND DIRECTO	PRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered OFFICERS PSD GREGG, DALE 9150 TAFT STREET PEMBROKE PINES FL 33024	agent and tribe if applicable. (NOTE: AND DIRECTORS DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME	nt signature require T ADDRESS T- ZIP	ed when reinstating)	DATE ERS AND DIRECTO Change	DRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered OFFICERS PSD GREGG, DALE 9150 TAFT STREET PEMBROKE PINES FL 33024	agent and tribe if applicable. (NOTE: AND DIRECTORS DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET	nt signature require T ADDRESS T - ZIP	ed when reinstating)	DATE ERS AND DIRECTO Change	DRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered OFFICERS PSD GREGG, DALE 9150 TAFT STREET PEMBROKE PINES FL 33024	agent and title if applicable. (NOTE: AND DIRECTORS DELETE	Registered Ages 13. 1.1 TITLE 1.2 NAME 1.3 STREE* 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S	nt signature require T ADDRESS T - ZIP	ed when reinstating)	DATE ERS AND DIRECTO Change	DRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered OFFICERS PSD GREGG, DALE 9150 TAFT STREET PEMBROKE PINES FL 33024	agent and tribe if applicable. (NOTE: AND DIRECTORS DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE	nt signature require T ADDRESS T - ZIP	ed when reinstating)	DATE ERS AND DIRECTO Change	DRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered OFFICERS PSD GREGG, DALE 9150 TAFT STREET PEMBROKE PINES FL 33024	agent and title if applicable. (NOTE: AND DIRECTORS DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME	nt signature require T ADDRESS T - ZIP F ADDRESS T - ZIP	ed when reinstating)	DATE ERS AND DIRECTO Change	PRS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered OFFICERS PSD GREGG, DALE 9150 TAFT STREET PEMBROKE PINES FL 33024	agent and title if applicable. (NOTE: AND DIRECTORS DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE	nt signature require T ADDRESS T - ZIP F ADDRESS T - ZIP	ed when reinstating)	DATE ERS AND DIRECTO Change	PRS IN 12 Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered OFFICERS PSD GREGG, DALE 9150 TAFT STREET PEMBROKE PINES FL 33024	agent and tribe if applicable. (NOTE: AND DIRECTORS DELETE DELETE DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME	nt signature require T ADDRESS T.ZIP T ADDRESS T.ZIP ADDRESS	ed when reinstating)	DATE ERS AND DIRECTO Change	PRS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered OFFICERS PSD GREGG, DALE 9150 TAFT STREET PEMBROKE PINES FL 33024	agent and title if applicable. (NOTE: AND DIRECTORS DELETE	Registered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET	nt signature require T ADDRESS T.ZIP T ADDRESS T.ZIP ADDRESS	ed when reinstating)	DATE ERS AND DIRECTO Change	PRS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered OFFICERS PSD GREGG, DALE 9150 TAFT STREET PEMBROKE PINES FL 33024	agent and tribe if applicable. (NOTE: AND DIRECTORS DELETE DELETE DELETE	Registered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S	nt signature require T ADDRESS T.ZIP T ADDRESS T.ZIP ADDRESS	ed when reinstating)	Change	ORS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered OFFICERS PSD GREGG, DALE 9150 TAFT STREET PEMBROKE PINES FL 33024	agent and tribe if applicable. (NOTE: AND DIRECTORS DELETE DELETE DELETE	Registered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE	T ADDRESS T. ZIP ADDRESS T. ZIP ADDRESS T. ZIP	ed when reinstating)	Change	ORS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered OFFICERS PSD GREGG, DALE 9150 TAFT STREET PEMBROKE PINES FL 33024	agent and tribe if applicable. (NOTE: AND DIRECTORS DELETE DELETE DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE* 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME	T ADDRESS T. ZIP T ADDRESS T. ZIP ADDRESS T. ZIP ADDRESS T. ZIP	ed when reinstating)	Change	ORS IN 12 Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered OFFICERS PSD GREGG, DALE 9150 TAFT STREET PEMBROKE PINES FL 33024	agent and tribe if applicable. (NOTE: AND DIRECTORS DELETE DELETE DELETE	Registered Age 13. 11 TITLE 12 NAME 1.3 STREET 14 CITY-S 2.1 TITLE 22 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 4.1 TITLE 4.2 NAME 4.3 STREET	T ADDRESS T. ZIP T ADDRESS T. ZIP ADDRESS T. ZIP ADDRESS T. ZIP	ADDITIONS/CHANGES TO OFFICE	Change	PRS IN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered OFFICERS PSD GREGG, DALE 9150 TAFT STREET PEMBROKE PINES FL 33024	agent and tribe if applicable. (NOTE: AND DIRECTORS DELETE DELETE DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-ST	T ADDRESS T. ZIP T ADDRESS T. ZIP ADDRESS T. ZIP ADDRESS T. ZIP	ADDITIONS/CHANGES TO OFFICE	Change	PRS IN 12 Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered OFFICERS PSD GREGG, DALE 9150 TAFT STREET PEMBROKE PINES FL 33024	agent and tribe if applicable. (NOTE: AND DIRECTORS DELETE DELETE DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-ST 5.1 TITLE	T ADDRESS T. ZIP ADDRESS T. ZIP ADDRESS T. ZIP ADDRESS T. ZIP	ADDITIONS/CHANGES TO OFFICE	Change	PRS IN 12 Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered OFFICERS PSD GREGG, DALE 9150 TAFT STREET PEMBROKE PINES FL 33024	agent and tribe if applicable. (NOTE: AND DIRECTORS DELETE DELETE DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 5.1 TITLE 5.2 NAME 5.3 STREET	T ADDRESS T. ZIP	ADDITIONS/CHANGES TO OFFICE	Change	PRS IN 12 Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered OFFICERS PSD GREGG, DALE 9150 TAFT STREET PEMBROKE PINES FL 33024	agent and trile if applicable. (NOTÉ: AND DIRECTORS DELETE DELETE DELETE DELETE DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-ST 5.1 TITLE 5.2 NAME	T ADDRESS T. ZIP T ADDRESS T. ZIP ADDRESS T. ZIP ADDRESS T. ZIP ADDRESS T. ZIP ADDRESS ADDRESS ADDRESS	ADDITIONS/CHANGES TO OFFICE	Change Change	RS IN 12 Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered OFFICERS PSD GREGG, DALE 9150 TAFT STREET PEMBROKE PINES FL 33024	agent and tribe if applicable. (NOTE: AND DIRECTORS DELETE DELETE DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-ST 4.1 TITLE 4.2 NAME 4.3 STREET 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-ST 6.1 TITLE	T ADDRESS T. ZIP T ADDRESS T. ZIP ADDRESS T. ZIP ADDRESS T. ZIP ADDRESS T. ZIP ADDRESS ADDRESS ADDRESS	ADDITIONS/CHANGES TO OFFICE	Change	PRS IN 12 Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered OFFICERS PSD GREGG, DALE 9150 TAFT STREET PEMBROKE PINES FL 33024	agent and trile if applicable. (NOTÉ: AND DIRECTORS DELETE DELETE DELETE DELETE DELETE	Registered Ages 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-ST 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-ST 6.1 TITLE 6.2 NAME	T ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS -ZIP	ADDITIONS/CHANGES TO OFFICE	Change Change	RS IN 12 Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered OFFICERS PSD GREGG, DALE 9150 TAFT STREET PEMBROKE PINES FL 33024	agent and trile if applicable. (NOTÉ: AND DIRECTORS DELETE DELETE DELETE DELETE DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-ST 4.1 TITLE 4.2 NAME 4.3 STREET 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-ST 6.1 TITLE	T ADDRESS T-ZIP T ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS -ZIP ADDRESS	ADDITIONS/CHANGES TO OFFICE	Change Change	RS IN 12 Addition Addition Addition

14. I hereby certify that the information supplied with this filling 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 empr like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

Daytime Phone #