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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 4:40

DOCUMENT # **K83352** **(0)**

1. Corporation Name
DESIGN AND STUDY ENGINEERING, INC.

Principal Place of Business	Mailing Address
~~4810 N HOWARD AVE~~ ~~STE 120~~ ~~TAMPA FL 33603~~	~~4810 N HOWARD AVE~~ ~~STE 120~~ ~~TAMPA FL 33603~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/25/1989
3a. Date of Last Report: 05/13/1994

21 2. Principal Place of Business	4809 N. Armenia Av.	26 2a. Mailing Address	4809 N. Armenia Av.
22 Suite, Apt. #, etc.	Ste. 240	27 Suite, Apt. #, etc.	Suite 240
23 City & State	Tampa FL	28 City & State	Tampa FL
24 Zip / 25 Country	33603 / Hillsbough	29 Zip / 30 Country	33603 / Hillsbourgh

4. FEI Number: 59-2958536 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

STROULOV, AVRAHAM ✓
~~4810 N HOWARD AV~~
~~STE 120~~
TAMPA FL 33603

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 4809 N. Armenia Av.
83: Suite 240
84 City: Tampa FL 85 Zip Code: 33603

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: Avraham Stroulov President 3.28.95 (New address as above)
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	11 TITLE		☐ Change ☐ Addition
NAME	STROULOV, AVRAHAM ✓	12 NAME		
STREET ADDRESS	~~4810 N HOWARD AVE., #120~~	13 STREET ADDRESS	(New address) 4809 N. Armenia Av. # 240	
CITY-ST-ZIP	TAMPA FL 33603	14 CITY-ST-ZIP	Tampa, FL. 33603	
TITLE		21 TITLE		☐ Change ☐ Addition
NAME		22 NAME		
STREET ADDRESS		23 STREET ADDRESS		
CITY-ST-ZIP		24 CITY-ST-ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Avraham Stroulov 3.28.95 (813) 977-5744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CP