## 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 **DOCUMENT #** 

(7)

## **FILED** Feb 26 1998 8:00am Secretary of State

SUPPO	DRT ENGINEERING LTD., IN	IC.			
				1 ABONIO DIR 10 HE DIRECTO HALL BERGE DE 18 A	18 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Driverian Dis-		A A - III A - J - J			
Principal Place of Business Mailing Address					
6600 NW 16TH STREET 6600 NW 16TH STREET STE. 12 STE.12					
PLANTATION FL 33313 PLANTATION FL 33133				DO NOT WRITE IN THI	S SPACE
U\$		บร		3. Date Incorporated or Qualified	
				06/01/1989	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0122095	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	e	City & State		Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the o	
24	25	29	60	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Registers	d Agent
SMITH, REGINALD A. 81 Name					
6600 NW 16TH STREET			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
STE.12				<u> </u>	
PL	ANTATION FL 33313		63		
			84 City	_	85 Zip Code
<del></del>				F	
11. Pursuant to the provisions of Soctions 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.					
agent. I a	m familiar with, and accept the obligi	ations of, Section 607.0505, Flori	da Statutes.	,	
SIGNATURE	Signature, typed or printed name of registered age	and and the if applicable (AIOTE )	Registered Agent signature requi	red when reinstating) DATE	
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TETLE	100110101111111111111111111111111111111	☐ Change ☐ Addition
NAME	\$MITH, ROGER		1.2 NAME		
STREET ADDRESS	1611 NW 63RD AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	<b>S</b> UNRISE FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	<b>S</b> MITH, REGINALD		2.2 NAME		
STREET ADDRESS	5770 SW 16TH CT.		2.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL		2. 4 CITY-ST-ZIP		
TITLE	0	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ELY, JONATHAN		3.2 NAME		
STREET ADDRESS	620 SE 11TH ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL		3.4. CITY-ST-ZIP		
TITLE	D KAODAK BODESE	☐ DELETE	4.1 TITLE		Change Addition
NAME	KASPRAK, ROBERT	,e-	4. 2 NAME		
STREET ADDRESS	1049 LAGUNA SPRINGS DRIV	/ <b>t</b>	4.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		Driete	5.4 CITY-ST-ZIP		Channel Later
TITLE		☐ DELETÉ	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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 only attachment with an addition.