

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

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Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90040 001 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # L33107

1. Corporation Name
QED ENGINEERING, INC.



| | |
|---|---|
| Principal Place of Business | Mailing Address |
| 3901 SW 47 AVE STE 402 FT LAUDERDALE FL 33314 US | 3901 SW 47 AVE STE 402 FT LAUDERDALE FL 33314 US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/27/1989

4. FEI Number
59-1654497

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 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip Country | 28 Zip Country |
| 24 25 | 29 30 |

9. Name and Address of Current Registered Agent

BROWN, JOHN H
3901 S W 47TH AVE
402
FT LAUDERDALE FL 33312

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | DT <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BROWN, JOHN H. | 1.2 NAME | BROWN, JOHN H. |
| STREET ADDRESS | 13970 SW 21ST ST | 1.3 STREET ADDRESS | 5 MENDOTA LANE |
| CITY-ST-ZIP | DAVIE FL | 1.4 CITY-ST-ZIP | SEA RANCH LAKES, FL 33308 |
| TITLE | DS <input type="checkbox"/> DELETE | 2.1 TITLE | VP. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | GREENBERG, ARTHUR H. | 2.2 NAME | |
| STREET ADDRESS | 7241 SW 6TH ST | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | PLANTATION FL | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **John H. Brown** 02/08/99 (954) 791-2020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE034 (11/98)