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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

DOCUMENT # L54874 (7) UNDERWATER ENGINEERING SERVICES, INC. Principal Place of Business Mailing Address	ANNUAL REPORT 1998		Secretary of State DIVISION OF CORPORATIONS		Secretary of State	
Principal Place of Business Size & Micropat Robb 200 SE MIDPORT ROAD. PO BOX 920 PORT ST. LUCK FL 34895-920 US DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Custified 02/28/1990 2. Principal Place of Business 3. A. Making Addisess Solic, Apt 8, otc. 3. Date Incorporated or Custified 02/28/1990 3. Date Incorporated or Custified 05/28/1990 3. Date Incorporated or Custified or Incorporated or Custified or Incorporated or Custified Or Incorporated or Custified Or Incorporated Or Incorporate Or Incorporated Or Incorporated Or Incorporated Or Incorporate Or Incorporated Or Incorporated Or Incorporate Or Incorporate Or Incorporated Or Incorporate Or Incorporate Or Incorporated Or Incorporate Or	DOCUMENT # L54874 (7)					
Principal Place of Business Size Mapped Flora Size Mapped Fl	UNDER	iwater engineering	SERVICES, INC.			
280 SE MIPPORT ROAD. PO BOX 920 P. O. BOX	Principal Plac	e of Business	Mailing Address			
PORT ST LUCIE FL 34892 Port ST LUCIE FL 34892 Port ST LUCIE FL 34892 Port ST LUCIE FL 34892 Port ST LUCIE FL 34892 Port ST LUCIE FL 34892 Port ST LUCIE FL 34892 Port ST LUCIE FL 34892 Port ST LUCIE FL 34892 Port ST LUCIE FL 34892 Port ST LUCIE FL 34892 Port ST LUCIE FL 34892 Port ST LUCIE FL 34892 Port ST LUCIE FL 34892 Port ST LUCIE FL 34892 Port ST LUCIE FL 34892 Port ST LUCIE FL 34893 Port ST LUCIE FL 348				f		
2. Principal Place of Business 21. Audiling Address 22. Multing Address 32. Multing Address 34. FER Number 35. State				985-9220	DO NOT WRITE IN THIS SPACE	
Sulto, Apt. #, etc. City & Stato Ci	US		us			
Suite, Apt #, etc Suite,	h		<u></u>		1 the second of	
City & State 20 20 20 20 20 20 20 20 20 2	Suite, Apt. #, etc.		<u></u>			
Zop Country Zip Country Zip Country St. This corporation owes or has paid the current year intangible Personal Property Tax due June 30 May so No No No No No No No	City & Stat	Θ	City & State		40.44	
9. Name and Address of Current Registered Agent PINNEY, STEPHEN G. 473 S.E. VERADA AVE. PORT ST. LUCIE FL 34983 82 Syreal Address (P.O. Box Number is Not Acceptable) S.C. PINNEY Y ASSOCIATES 83 City ST. ST. LUCIE FL 34983 84 City F.S.F. LUCIE FL 85 Size Code P 49 S.2 11. Pursuant to the provisions of Sections 607 0500 and 607 1508, Florida Statutes, the above named corporations submits his statement for the purpose of changing its registered agent. Term similar with and acceptable submits in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent term similar with and acceptate the collegisters of Science 607 0500, Florida Statutes. SIGNATURE PUNCEY LARAS 12. MAYRICE LARAS OFFICIAL Registered Agent agents are the submitted by the corporation's board of directors. Thereby accept the appointment as registered agent term similar with and acceptable agent term agents are the submitted by the corporation's board of directors. Thereby accept the appointment as registered agent term similar with a purpose of changing its registered agent agents are submitted by the corporation's board of directors. Thereby accept the appointment as registered agent term agents and acceptable agent term agents are submitted by the corporation's board of directors. Thereby accept the appointment as registered agent agent are registered agent agent are registered agent ag	Zip	Country	Zip			
PINNEY, STEPHEN G. 473 S.E. VERADA AVE. PORT ST. LUCIE FL 34983 81 Name 82 Sylect Address (P.O. Box Number is Not Acceptable) S. G. Pinney Y ASSOCIATES 82 Sylect Address (P.O. Box Number is Not Acceptable) S. G. Pinney Y ASSOCIATES 83 ACOV JE MIDPART RD. 84 City S.T. Lucie 85 Zip Code 86 City S.T. Lucie 86 City S.T. Lucie 87 AURICE ASSOCIATES 88 City S.T. Lucie 88 City S.T. Lucie 89 City S.T. Lucie 89 City S.T. Lucie 80 City S.T. Lucie 81 Name 82 Sylect Address (P.O. Box Number is Not Acceptable) 84 City S.T. Lucie 85 Zip Code 86 City S.T. Lucie 86 City S.T. Lucie 87 Aurice Associations of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered of other in minimal with and other purpose of changing its registered of control of the purpose of changing its registered of control of the purpose of changing its registered of control of the purpose of changing its registered of control of the purpose of changing its registered of control of the purpose of changing its registered of control of the purpose of changing its registered of control of the purpose of changing its registered of control of the purpose of changing its registered of the control of the purpose of changing its registered of control of the purpose of changing its registered of the control of the purpose of changing its registered of the control of the purpose of changing its registered of the control of the purpose of changing its registered of the purpose of the purpose of changing its reg	24			[30]		
## AT S.E. VERADA AVE. PORT ST. LUCIE FL 34983 ## ASSO SE HISPORT RD. ## City FL ST LUCIE FL 34983 ## City FL ST LUCIE FL ST ST LUCIE FL 34983 ## City FL ST LUCIE FL ST ST LUCIE FL ST ST LUCIE FL ST ST ST LUCIE FL ST						
PORT ST. LUCIE FL 34983 C.C. PINNEY + ASSOCIATES State of Florida Statutes, the above namond corporation submits this statement for the purpose of changing its registered agent, or tools, in the State of Florida Statutes, the above namond corporation submits this statement for the purpose of changing its registered agent term familiar with, and accept the obligations of, Socion 607.05.05, Florida Statutes, the above namond corporation submits this statement for the purpose of changing its registered agent term familiar with, and accept the obligations of, Socion 607.05.05, Florida Statutes, the above namond corporation submits this statement for the purpose of changing its registered agent term familiar with, and accept the obligations of, Socion 607.05.05, Florida Statutes, the above namond corporation submits this statement for the purpose of changing its registered agent term familiar with, and accept the obligations of, Socion 607.05.05, Florida Statutes, the above namond corporation submits this statement for the purpose of changing its registered agent term familiar with, and accept the obligations of, Socion 607.05.05, Florida Statutes, the above namond corporation submits this statement for the purpose of changing its registered agent term accept the obligations of Socion 607.05.05, Florida Statutes, the acceptance of the suppose of changing its registered agent the appointment as registered agent to require the appointment as registered agent, or both agent agent agent to require the appointment as registered agent, or both agent	I MADE SERVICE I MAD MET					
11. Pursuant to the provisions of Sections 607,0002 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florids, Such change was authorized by the corporation's board of directors. I herety accept the appointment as registered agent, tarn spinitar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE ANALICE LARGE Mark	TOTAL SQUEET ADDRESS (F.O. DOX NUMBER IS NOT ACCEPTABLE)					
11. Pursuant to like provisions of Sections 607 01:02 and 607 1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE Aux C.C. LARY	l 1831 · · · · · · · · · · · · · · · · · · ·					
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Fiorida Statutes, the obey-named corporation submits this statement for the purpose of changing its registered office or registered agent, at 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, in the State of Florida Statutes. SIGNATURE	84 City 85 Zip Code					
SIGNATURE	11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named connection submits this statement for the number of sheeping the registered.					
SIGNATURE	office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, and accept the appointment as registered agent.					
Comparing the product control of producted their disposability Comparing the product their disposability Comparing the product their disposability Comparing their disposability Com						
TITLE NAME PINNEY, STEPHEN G. 473 S.E. VERADA AVE. PORT ST. LUCIE FL DELETE DELETE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS CITY-S1-ZIP PORT ST. LUCIE FL DELETE DELETE DELETE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS CITY-S1-ZIP DELETE DELETE DELETE DELETE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS CITY-S1-ZIP DELETE DELETE DELETE DELETE 1.1 TITLE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS CITY-S1-ZIP DELETE DELETE DELETE DELETE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-S1-ZIP DELETE DELETE 1.1 TITLE 1.1 NAME 1.3 STREET ADDRESS 1.4 CITY-S1-ZIP TITLE 1.1 NAME 1.2 NAME 1.3 STREET ADDRESS 2.4 CITY-S1-ZIP TITLE 1.1 TITLE 1.1 TITLE 1.1 TITLE 1.1 NAME 1.2 NAME 1.3 STREET ADDRESS 2.4 CITY-S1-ZIP DELETE 3.4 CITY-S1-ZIP TITLE 1.1 TITLE 1.1 TITLE 1.1 TITLE 1.1 TITLE 1.1 NAME 1.2 NAME 1.3 STREET ADDRESS 2.4 CITY-S1-ZIP DELETE 3.4 CITY-S1-ZIP TITLE 1.1 TITLE 1.1 TITLE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 2.4 CITY-S1-ZIP DELETE 3.4 CITY-S1-ZIP TITLE 1.1 TITLE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 2.4 CITY-S1-ZIP DELETE 3.4 CITY-S1-ZIP DELETE 5.4 TITLE 1.1 TITLE 1.1 TITLE 1.2 NAME 3.4 ACITY-S1-ZIP DELETE 3.4 CITY-S1-ZIP DELETE 3.4 TITLE 1.1 TITLE 1.2 NAME 3.3 STREET ADDRESS 3.4 CITY-S1-ZIP DELETE 3.4 CITY-S1-ZIP DELETE 3.4 CITY-S1-ZIP DELETE 3.4 CITY-S1-ZIP DELETE 3.5 TITLE 1.1 TITLE 1	Equature, typed as pended course of registered regent and title if applicable (NOTE: Bog stered Agent signature required when reinstating) DATE					
NAME STREET ADDRESS CITY-ST-ZIP PORT ST. LUCIE FL 12 NAME 13 STREET ADDRESS CITY-ST-ZIP PORT ST. LUCIE FL 13 STREET ADDRESS CITY-ST-ZIP PORT ST. LUCIE FL 14 CITY-ST-ZIP PORT ST. LUCIE FL 15 TITLE PORT ST. LUCIE FL 16 LUCIE FL 17 STREET ADDRESS CITY-ST-ZIP PORT ST. LUCIE FL 18 LUCIE FL 19 LUCIE FL 10 LUCIE FL 10 LUCIE FL 10 LUCIE FL 11 LUCIE FL 12 NAME 13 STREET ADDRESS CITY-ST-ZIP PORT ST. LUCIE FL 14 LUCIE FL 15 LUCIE FL 16 LUCIE FL 17 LUCIE FL 18 LUCIE FL 18 LUCIE FL 18 LUCIE FL 19 LUCIE FL 19 LUCIE FL 10 LUCIE FL 10 LUCIE FL 10 LUCIE FL 10 LUCIE FL 11 LUCIE FL 12 NAME 13 STREET ADDRESS CITY-ST-ZIP 11 LUCIE FL 14 LUCIE FL 15 LUCIE FL 16 LUCIE FL 17 LUCIE FL 18 LUCIE FL 19 LUCIE FL 19 LUCIE FL 10 LUC		OFFICERS				
STREET ADDRESS CITY-ST-ZIP PORT ST. LUCIE FL 1.3 STREET ADDRESS CITY-ST-ZIP TITLE D PINNEY, CAROL J. STREET ADDRESS CITY-ST-ZIP PORT ST. LUCIE FL 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP PORT ST. LUCIE FL 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP PORT ST. LUCIE FL 1.3 STREET ADDRESS CITY-ST-ZIP PORT ST. LUCIE FL 1.4 CITY-ST-ZIP PORT ST. LUCIE FL PORT ST. LUC	1	PINNEY STEPHEN G	L_1 offers		STEVEN GREENMAN	
CITY-S1-ZIP TITLE D DELETE DINNEY, CAROL J. STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE DELETE 1.4 CITY-S1-ZIP DELETE 2.1 TITLE 2.2 NAME 4.1 CH A F L. BUONCORF 3.3 STREET ADDRESS CITY-S1-ZIP DELETE 3.1 TITLE 3.2 NAME 3.2 NAME 3.3 STREET ADDRESS CITY-S1-ZIP TITLE DELETE DELETE 1.4 CITY-S1-ZIP ADDRESS CITY-S1-ZIP DELETE 1.5 TITLE DELETE 1.6 CITY-S1-ZIP DELETE DELETE 1.6 CITY-S1-ZIP DELETE DELETE 1.6 CITY-S1-ZIP DELETE DELETE 1.6 CITY-S1-ZIP DELETE DELETE DELETE 1.6 CITY-S1-ZIP DELETE DELETE DELETE 1.6 CITY-S1-ZIP DELETE DELETE DELETE DELETE DELETE 1.6 CITY-S1-ZIP DELETE DE	1					
TITLE PINNEY, CAROL J. 473 S.E. VERADA AVE. PORT ST. LUCIE FL DELETE DELETE 2.1 TITLE VICE PRESS DENT HICH A FL BUONCORE 2.2 NAME HICH A FL BUONCORE 96 FL NV. MAIN ST. BAPYLON, NVY, TITLE DELETE 3.1 TITLE SECRETARY TREASURER CITY-ST-ZIP TOTALE 1.1 DELETE 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP TOTALE DELETE 4.1 TITLE ANAME STREET ADDRESS CITY-ST-ZIP TOTALE DELETE 4.1 TITLE ANAME STREET ADDRESS CITY-ST-ZIP TOTALE DELETE DELETE DELETE 5.1 TITLE DELETE DELETE DELETE Addition Addition Addition Addition Addition Addition Addition Addition Change Addition Addition Addition Addition Addition AMME STREET ADDRESS CITY-ST-ZIP TITLE DELETE DELETE 5.1 TITLE Change Addition Addition Addition Addition	1 -					
NAME SIREEI ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP DELETE D		1	DELETE		VICE PRESIDENT Change Addition	
CITY-SI-ZIP PORT ST. LUCIE FL DELETE 2.4 CITY-SI-ZIP SACKE TARY TREASURER Change	NAME	PINNEY, CAROL J.		2.2 NAME	HICHAEL BUONCORE	
TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP DELETE 4.1 TITLE Change Addition Addition 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE DELETE 4.4 CITY-ST-ZIP TITLE DELETE DELETE 5.1 TITLE DELETE Change Addition Addition Addition Change Addition Addition Change Addition	STREET ADDRESS			2.3 STREET ADDRESS	% BAS AV. MAIN ST.	
TITLE	CITY-ST-ZIP	PORT ST. LUCIE FL		2. 4 CITY-ST-ZIP	BARYLON, N.Y.	
NAME	TITLE		DELETE	3.1 TITLE	SUCRETARY TREASURER Change Change Change	
STREET ADDRESS 3.4 CITY-ST-ZIP BRT ST. LUCIE, PL. 349 F.3.	NAME			3.2 NAME	MURICE LABBE	
TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE NAME 5.2 NAME	STREET ADDRESS			3.3 STREET ADDRESS	101 00 01/201	
NAME						
STHEET ADDRESS 4.3 STREET ADDRESS	1		☐ DELETE		Change L_ Addition	
CITY-S1-ZIP 4.4 CITY-S1-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME	l .	1				
TITLE Change Addition NAME 5.1 TITLE Change Addition	1	}				
NAME 5.2 NAME			T Delete		Change	
J J	1		i offere		Li cliange Li Audillon	
I STREET ANDRESS I	STREET ADDRESS	1		5.2 NAME 5.3 STREET ADDRESS		

CITY-ST-ZIP 6.4 City-ST-ZIP 14. Thereby 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 supplienced all 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.

61 TITLE

6.2 NAME

DELETE

54 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

EC1 337 3080

Change

Addition

FILED

Mar 12 1998 8:00am