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

Mailing Address

1920 E. HALLANDALE REACH RIVD

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **L67567**

1. Corporation Name

Principal Place of Business

1920 E HALLANDALE REACH RIVO

ENGINEERING SERVICES AND SALES, INC.

| #607 | | | SUITE 607 | | | | DO NOT WRITE II | ı TUIÇ G | 2DACE | |
|---|--|--------------|---------------------------|------------|--------------------|--------------------------------|--|----------|-------------|---------------|
| HALLANDALE FL 33009 | | | HALLANDALE FL 33009 US | | | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed | | | |
| us us | | | | | | | 04/20/1990 | | | } |
| | | 1 - 14 | - 10: A d d | | | | 4. FEI Number | | | nalical Eas |
| | ace of Business | | ailing Address | | | | | | | pplied For |
| 21 | <u>.</u> | 26 | | | | | 65-0201201 | | 4 | ot Applicable |
| Suite, Apt. | #, etc. | 27 - St | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired — \$8.75. Additional Fee Required | | | |
| City & State | • | City & State | | | | 6. Election Campaign Financing | | \$5.00 | May Be | |
| 23 | | 28 | 28 | | | | Trust Fund Contribution | l | Added | to Fees |
| Zip | Country | Zij | Zip Country | | | | 8. This corporation owes the current year Intangible | | | |
| 24 | 25 29 30 | | | | | | Personal Property Tax. | | | |
| | g. Name and Address of Current | Register | ed Agent | | | · · · | 10. Name and Address of New Regi | stered A | gent | |
| | | | | | 81 | Name | | | | |
| Lubie nathan f. | | | | | | | | | | |
| 1920 E. HALLANDALE BEACH BLVD | | | 82 Stree | | | Street Addr | Address (P.O. Box Number is Not Acceptable) | | | |
| SUITE 607 | | | 83 | | | | | | | |
| HALLANDALE FL 33009 | | | | | | | | | | 1 |
| · | WINDYEE I C 22002 | | | } | 84 | City | | FL | 85 Zip | Code |
| 44 Pursuant | to the provisions of Sections 607 0502 | 2 and 607 | 1508. Florida Statute | es, the at | OVe | -named corn | poration submits this statement for the purp | ose of c | hanging its | registered |
| office or re | egistered agent, or both, in the State o | of Florida. | Such change was a | utnorizea | ן עם | tne corporatii | on's board of directors. I hereby accept the | appoint | ment as re | gistered |
| agent. I ar | n familiar with, and accept the obligati | ions of, Se | ection 607.0505, Flo | nga Statu | ites. | | | | | |
| SIGNATURE | | | | | | | | ATE | | <u> </u> |
| | Signature, typed or printed name of registered agent | | | | Agani | t signature require | , , , , , , , , , , , , , , , , , , , | | DIDECT | 2DS IN 12 |
| 12. | OFFICERS AND | DIRECT | DELETE | 13. | | | ADDITIONS/CHANGES TO OFFICE | KO ANL | Change | Addition |
| TITLE | DP | | FT DECE 15 | 1,1 TIT | | | | | | |
| NAME | LUBIE, NATHAN | | | 1.2 NA | ME | ļ | | | | |
| STREET ADDRESS 1920 E. HALLANDALE BEACH BLVD #607 | | | | 1.3 STI | 1.3 STREET ADDRESS | | | | | ĺ |
| CITY-ST-ZIP | HALLANDALE FL | | | 1.4 CIT | Y-ST | -ZIP | | | | |
| TITLE | VP | | ☐ DELETE | 2,1 TIT | Œ | | | | Change | ☐ Addition |
| NAME | Lubie, Ruth | | | 2.2 NA | ME | | | | | |
| STREET ADDRESS | 4000 E HALLANDALE DEACH BLVD #007 | | | | REET | ADDRESS | | | | |
| | HALLANDALE FL | | مستنف بيسب بجميانية | 2.4 Cr | | | ير اليوندين بديدي | | • | |
| CITY-ST-ZIP TITLE | I P CONTROL I D | | DELETE | 3,1 TIT | | , zir | | | Change | Addition |
| | | | | | | | | | ~ * | |
| NAME | | | | 3.2 NA | | | | | | ļ |
| STREET ADDRESS | | | | | | ADDRESS | | | | ļ |
| CITY+ST-ZIP | | | | 3.4. CI | | T-ZIP | | | | |
| TITLE | | | ☐ DELETE | 4.1 TIT | LE | | | | Change | Addition |
| NAME | | | | 4. 2 NA | 3M | | | | | |
| STREET ADDRESS | | | | 4.3 ST | REET | ADDRESS | | | | |
| CITY+\$T-ZIP | | | | 4.4 CFI | Y-S1 | r-ZIP | | | | |
| TITLE | | | ☐ DELETE | 5.1 TIT | LE | | | | Change | ☐ Addition |
| NAME | | | | 5.2 NA | ME | | | | | |
| STREET ADDRESS | | | | 5.3 ST | REET | ADDRESS | | | | - |
| | • | | | 5.4 CIT | γ.ςτ | r. 71Þ | | | | |
| CITY-ST-ZIP | <u> </u> | | ☐ DELETE | 6.1 TJ7 | | | | | ☐ Change | ☐ Addition |
| πιτΕ | | | | 6.2 NA | | | | | C Granige | |
| NAME | | | | | | | | | | |
| STREET ADDRESS | | | | 6.3 ST | REET | ADORESS | | | | |

FILED Mar 30, 1999 8:00 am Secretary of State

03-30-1999 90043 050 ***150.00



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 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 other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

10000C