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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 17, 1999 8:00am

**Secretary of State** 

02-17-1999 90004 041 \*\*\*150.00

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # M59379**

APPLIED	SCIENCE AND ENGINEER	ING RESEARCH, INC.						
Principal Place of Business Mailing Address					I SOMINANI SEN ÈNINA CALANTANI NA	DIO IDII AIDIE OLDII AIDII AIDII A	181 61911 1881	
22648 S.W. 54 AVE.  BOCA RATON FL 33433  22648 S.W. 54 AVE.  BOCA RATON FL 33433					DO NOT WRI	TE IN THIS SPACE		
					3. Date Incorporated or Qualifed 09/21/1987			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	<del>                                    </del>	plied For	
21	And the state of t	26			65-0007084		t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A		_=
City & State	е	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t		
Zip	Country 25	Zip 29	Country 30		This corporation owes the curr Personal Property Tax.	☐Yes	□No	
<u>1</u>	9. Name and Address of Curren				10. Name and Address of New F	Registered Agent		
		.1	81	Name				
LIN, NEWMAN KUNTI 22648 S.W. 54TH AVENUE			82 Street Add		ess (P.O. Box Number is Not Acceptable)			÷
BOC	CA RATON FL 33433		83		1941 531 6446	是是4的高温。		
			84	City		(47 (5) (5) (5) (5) (6) (6) (6) (7) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	ode	
				,		FL		
		2 and 607 1508. Florida Statute	es the above	e-named como	oration submits this statement for the			
11. Pursuant office or r agent. I a	registered agent, or both, in the State arm familiar with, and accept the obligation	of Florida, Such change was at tions of Section 607.0505, Flor	utnonzed by rida Statutes	e-named corporation the corporation transfer in the corpor		V/99		(8)
office or r agent. I a	registered agent, or both, in the State am familiar with, and accept the obligat Signature, to do or rinted name or registerer agen OFFICERS AN	of Florida. Such change was at tions of Section 607.0505, Flor at and title if applicable. (NOTE:	rida Statutes  Registered Agen  13.	tne corporatio	when reinstating) , ;;;;;  ADDITIONS/CHANGES TO OF	DATE DIRECTO	PRS IN 12	100)
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office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State arm familiar with, and accept the obligation of the obligation	of Florida. Such change was attions of Section 607.0505, Floring and title if applicable. (NOTE: ID DIRECTORS	Registered Agen  13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S'	t signature required	when reinstating) , ;;;;;  ADDITIONS/CHANGES TO OF	DATE OF CHANGE	PRS IN 12	CD2E024-(4:4/00)
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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.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

OFFICER OR DIRECTOR