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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 99 OCT -6 PM 1:11

DOCUMENT # M64711

1. Corporation Name
FLORIDA FORENSIC ENGINEERING, INC.

Principal Place of Business 9380 ULMERTON ST SUITE 1 LARGO FL 33771 US	Mailing Address 3104 ROBERTA ST. STE. 1 LARGO FL 33771 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/14/1988	4. FEI Number 59-2874761	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Election Campaign Financing Trial Fund Contribution ☐		\$5.00 May Be Added to Fees
8. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☐ No		

9. Name and Address of Current Registered Agent

SPEARS, EVELYN A.
3104 ROBERTA ST.
LARGO FL 33771

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City FL Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE _____ DATE _____
 Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VOST ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SPEARS, RICHARD K.	1.2 NAME	000003012650--2
STREET ADDRESS	3104 ROBERTA ST.	1.3 STREET ADDRESS	-10/12/99--01046--016
CITY-ST-ZIP	LARGO FL 34641	1.4 CITY-ST-ZIP	*****50.00 *****50.00
TITLE	P ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SPEARS, EVELYN A.	2.2 NAME	
STREET ADDRESS	3104 ROBERTA ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 34641	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
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	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	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)(X), 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: SPKAS 1/26/99 727-581-1946
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (11/98)