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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

FILED

Jan 23 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

1	MENT # M8839° West engineering, Inc.	l (1)				
Principal Plac	e of Business	Mailing Address				
8409 SUNSTATE STREET TAMPA FL 33434-1309 US		8409 SUNSTATE STREET TAMPA FL 33634-1309 US		DO NOT WRIT	E IN THIS	SPACE
05		US		3, Date Incorporated or Qualified	 	
				06/27/1988		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number		Applied For
21		26		59-2899240		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	×	\$8.75 Additional
City & State		City & State	· · -			Fee Required
23	e	28 City & State		Election Campaign Financing Trust Fund Contribution	П	\$5.00 May Be Added to Fees
Zip	Country	Zıp	Country	8. This corporation owes or has p	aid the cu	
24	25	4	30	Personal Property Tax due Jun		Yes No
	g, Name and Address of Current	Registered Agent		10. Name and Address of New R	egistered	Agent
	va, gerald		81 Name			
8409 S UNSTATE STREET			82 Street Addr	ess (P.O. Box Number is Not Accepta	ble)	
į TAJ	MPA FL 33834		83			
			63			
			84 City		FL	85 Zip Code
11 Pursuant	to the provisions of Sections 607.0502	and 607 1508. Florida Statuter	the above-named corn	poration submits this statement for the		
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of im familiar with, and accept the oblight	of Florida, Such change was autions of Section 607 0505. Flor	ithorized by the corporat	ion's board of directors. I hereby acce	pt the app	ointment as registered
	in partial with and accept the oblight	10115 01, SECTION 607.00005, FIOR	ioa statutes.			
SIGNATURE,	Signature, typed or printed name of registered agent	and title if applicable (NOTE:	Registered Agent signature requir	ed when reinstating)	-/2 DATE	70
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFI	CERS AN	
TITLE	PDST	☐ DELETE	1,1 TITLE			Change Addition
NAME	6ILVA, GERALD		1.2 NAME			
STREET ADDRESS	14121 STONEGATE DR		1.3 STREET ADDRESS			
CITY - ST - ZIP	TAMPA FL	Delete	1.4 City - St - ZiP			
TITLE	VD	☐ DELETE	2.1 TITLE			Change Addition
NAME OTDET ADDRESS	PETRUZZI, MARTIN 851 LONGWOOD CIRCLE		2.2 NAME			
STREET ADDRESS	OLDSMAR FL		2.3 STREET ADDRESS			
TITLE	V V	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE			Change Addition
NAME	CARTER, WILLIAM F		3.2 NAME			
STREET ADDRESS	14918 KNOTTY PINE PLACE		3 3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33625		3 4. CITY-ST-ZIP			
TITLE		DELETE	41 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 STREFT ADDRESS			
CITY-ST-ZIP		1 65; 575	5.4 CITY- ST- ZIP			TT A
TITLE		☐ DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			

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 suppliemental 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.

Gerald Silva