FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #1. Corporation Name

N46086

(7)

THE INTERNATIONAL INSTITUTE OF FORENSIC ENGINEER ING. SCIENCES, INC.

ING SCIENCES, INC.										
Principal Plac	e of Business	Mailing Address				A HANGILERA BIL DERIN BILITE HOTOS INTIN	Afiif Blukf Wid	ARI DABAR BIDAN DI		
2031 SW 36 AVE FT. LAUDERDALE FL 33312-4206 US		P.O. BOX 478			ŀ	3. Date Incorporated or Qualified				
		FT. LAUDERDALE FL 33302-0478 US			11/18/1991					
V		00				4. FEI Number		Ar	oplied For	
A 03-35-10	La Til Dalama	I 6- 14-28 1-1-1				65-0330050			ot Applicable	
2. Principal P	ace of Business	2a. Mailing Address				5. Certificate of Status Desired			Additional equired	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				6. Election Campaign Financing		\$5.00	-	
22		27				Trust Fund Contribution		Added to Fees		
City & State		City & State				7. Is this nonprofit corporation a ho			n?	
23		28					Yes [_ No		
Zip	Country	Zip				8. This corporation owes or has paid the current year Intangill Personal Property Tax due June 30. Yes No				
24	9. Name and Address of Current		30]			Personal Property Tax due June 10. Name and Address of New Re] NO	
	or manual representation of the second		81	Name						
FISHE (BERALD R A		02	Ctroot	Addron	o (D.O. Boy Number in Net Assentate	vio)			
2031 SW 36 AVENUE			82	Street	Addres	fress (P.O. Box Number is Not Acceptable)				
FT LAUDERDALE FL 33312			63							
			84	City				85 Zip i	Code	
44 6	17	1017 1500 5: 11 0: 11		<u></u>		die die dels als als als als als als als als als a	FL			
office or r	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	and 617.1508, Florida Statule of Florida, Such change was a	s, the above uthorized by	e-named y the corp	corpor poration	ation submits this statement for the parts board of directors. I hereby accept	urpose of of the app	: changing it ointment as	registered registered	
agent. I a	m familiar with, and accept the obligat	ions of, Section 617.0503, Flo	rida Statute	S .						
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable (NOTE	: Registered Acc	ant sionature	e required	when reinstating)	DATE			
12.	OFFICERS AND		13.	***		ADDITIONS/CHANGES TO OFFIC		DIRECTOR	IS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE		T			Change	Addition	
NAME	**************************************		1.2 NAME		GR	ATE, FRANK E. P.E. 70 Stirling Rd.	•			
STREET ADDRESS	1901 S.E. 24 AVE		1.3 STREET ADDRESS 28		28"	70 Stirling Kar				
CITY-ST-ZIP	FT. LAUDERDALE FL			ST-ZIP	HO	lywood FL		Change	Addition	
TITLE	VD Tims, Eugene F.	_						Criange	- Addition	
NAME STREET ADDRESS	4840 NEWCOMB DR		2.2 NAME 2.3 STREET ADDRESS							
CITY-ST-ZIP	BATON ROUGE LA		2.4 CITY-ST-ZIP							
TITLE	\$D	☐ DELETE	3.1 TITLE	U. E.	 			Change	Addition	
NAME	SCHORR, STEVEN M. P.E.		3.2 NAME							
STREET ADDRESS	1603 OLD YORK RD		3.3 STREET	ADDRESS						
CITY-ST-ZIP	ABINGTON PA		3.4. CITY-	ST-ZIP	ļ					
TITLE	TD	☐ DELETÉ	4.1 TITLE					L Change	Addition	
NAME	FISHE, GERALD R.A. P.E.		4. 2 NAME							
STREET ADDRESS	2031 SW 36 AVE		4.3 STREET							
CITY-ST-ZIP	FT. LAUDERDALE FL	DELETE	4.4 CITY - S	T-ZIP	 	····		☐ Change	Addition	
TITLE	DORION, ROBERT B J	(*) OFFEIE	5.1 TITLE 5.2 NAME						T VOORIOII	
NAME STREET ADDRESS	1 PLACE VILLE-MARIE 1521		5.3 STREET	ADDRESS						
CITY-ST-ZIP	MONTREAL, QC, CANADA		5.4 CITY-S							
TITLE	PD	DELETE	6.1 TITLE	11.511				☐ Change	Addition	
NAME	WILKINSON, HAROLD J. P.E		6.2 NAME					•		
STREET ADDRESS	1022 WATERDOWN RD		6.3 STREET	ADDRESS						
	SUBLINATION AND AND		1		1					

CITY-ST-ZIP

BURLINGTON, ONT CAN

64 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (10/97)

FILED

Feb 05 1998 8:00am

Secretary of State