

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90148 046 ****61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N46086

1. Corporation Name

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

Principal Place of Business

2031 SW 36 AVE
FT. LAUDERDALE FL 33312-4208
US

Mailing Address

P.O. BOX 478
FT. LAUDERDALE FL 33302-0478
US



2. Principal Place of Business

21 2870 Stirling Rd., Hollywood, FL 33020
Suite, Apt. #, etc.

2a. Mailing Address

26 2870 Stirling Rd., Hollywood, FL 33020
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

11/18/1991

4. FEI Number

65-0330050

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

City & State

23 Hollywood, FL

City & State

28 Hollywood, FL

Zip Country

24 33020 25 USA

Zip Country

29 33020 30 USA

9. Name and Address of Current Registered Agent

FISHE, GERALD R A
2031 SW 36 AVENUE
FT LAUDERDALE FL 33312

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME LIEBLER, GEORGE E. P.E.

STREET ADDRESS 1901 S.E. 24 AVE

CITY-ST-ZIP FT. LAUDERDALE FL

TITLE VD ☐ DELETE

NAME TIMS, EUGENE F.

STREET ADDRESS 4840 NEWCOMB DR

CITY-ST-ZIP BATON ROUGE LA

TITLE SD ☐ DELETE

NAME SCHORR, STEVEN M. P.E.

STREET ADDRESS 1603 OLD YORK RD

CITY-ST-ZIP ABINGTON PA

TITLE TD ☐ DELETE

NAME FISHE, GERALD R.A. P.E.

STREET ADDRESS 2031 SW 36 AVE

CITY-ST-ZIP FT. LAUDERDALE FL

TITLE D ☐ DELETE

NAME DORION, ROBERT B J

STREET ADDRESS 1 PLACE VILLE-MARIE 1521

CITY-ST-ZIP MONTREAL, QC, CANADA

TITLE PD ☐ DELETE

NAME WILKINSON, HAROLD J. P.E.

STREET ADDRESS 1022 WATERDOWN RD

CITY-ST-ZIP BURLINGTON, ONT CAN

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☒ Addition

1.2 NAME GRATE FRANK E. P.E.

1.3 STREET ADDRESS 2870 Stirling Rd.

1.4 CITY-ST-ZIP Hollywood FL 33020

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 617, 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:

Frank Grate SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/99

Date

Daytime Phone #

CR2E037 (11/98)