

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0000708

PROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
 Sandra B. McTham
 Secretary of State
 DIVISION OF CORPORATIONS



SEP 23 1998 11:12:52
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P06524 (3)
 1. Corporation Name
 NIELSEN/UZUN STRUCTURAL ENGINEERS, INC.



Principal Place of Business: 3475 LENOX ROAD, NE SUITE 200 ATLANTA GA 30326 US
 Mailing Address: 3475 LENOX ROAD, NE SUITE 200 ATLANTA GA 30326 US

REINSTATEMENT 06-90

2. Principal Place of Business (21-24)
 2a. Mailing Address (26-29)

3. Date Incorporated or Qualified: 06/24/1985
 4. FEI Number: 58-1123133
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing: \$5.00 May Be Added to Fees
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30: [] Yes [] No
 10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
 CT CORPORATION SYSTEM
 3476 LENOX ROAD
 SUITE 200
 PLANTATION FL 33324

81 Name: C T CORPORATION SYSTEM
 82 Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road
 83
 84 City: Plantation FL 85 33324

11. Pursuant to the provisions of sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Mary A. Adams
 Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE
NAME	NIELSEN, HARALD, (P.E.)	
STREET ADDRESS	775 CREST VALLEY DR. NW	
CITY-ST-ZIP	ATLANTA GA	
TITLE	S	DELETE
NAME	WEATHERSBY, ROY	
STREET ADDRESS	3200 MARNE DRIVE	
CITY-ST-ZIP	ATLANTA GA	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[] Change [] Addition
12 NAME	700002792397--1
13 STREET ADDRESS	-03/02/99--01065--022
14 CITY-ST-ZIP	****550.00 ****550.00
21 TITLE	[] Change [] Addition
22 NAME	700002792397--1
23 STREET ADDRESS	-03/02/99--01065--023
24 CITY-ST-ZIP	****200.00 ****200.00
31 TITLE	[] Change [] Addition
32 NAME	700002792397--1
33 STREET ADDRESS	-03/02/99--01065--024
34 CITY-ST-ZIP	****150.00 ****150.00
41 TITLE	[] Change [] Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	[] Change [] Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
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 section 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/98)