FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P92000010443 (9)

1. Corporation Name

ADVANCED ENGINEERING & CONSTRUCTION SERVICES, INC.

Principal Place of Business
914 E. PALMETTO AVENUE
MELBOURNE FL 32901

Mailing Address
2039 IXORA DRIVE, WEST
MELBOURNE FL 32935

3. Date Incorporated or Qualified: 01/01/1993

3a. Date of Last Report: 05/27/1994

2. Principal Place of Business
21
State, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
State, Apt. #, etc.
27
City & State
28
Zip 29 County 30

4. FEI Number: 59-3216922 — 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

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SABAWI, RAMI,
914 E. PALMETTO AVENUE
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Numbers Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0501 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

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	SABAWI, RAMI
STREET ADDRESS	2039 IXORA DR. WEST
CITY, ST, ZIP	MELBOURNE FL 32935
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
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STREET ADDRESS	
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TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14. I hereby certify that the information supplied with this report is complete, accurate and current as of the date of filing. I further certify that the information contained in this report, if not delivered in person, is true and correct copy of the original signature on file with the corporation. I further certify that my signature shall have the same legal effect as if made under oath. Pursuant to the provisions of Section 607.0505 of the Florida Statutes, I hereby accept the appointment as registered agent.

SIGNATURE:

SIGNATURE AND TITLE OR PRINTED NAME OF RESIGNING OFFICER OR DIRECTOR

4/26/95 407-259 5893

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