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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # **P93000004545**1. Corporation Name

FLORIDA ENGINEERING GROUP, INCORPORATED

Principal Flace of Business	Maining Address
1516 EAST HILLCREST STREET SUITE 301 ORLANDO FL 32803-4716	1516 EAST HILLCREST STREET SUITE 301 ORLANDO FL 32803-4716

## **FILED** Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90049 010 \*\*\*150.00



		. <u></u>							
Principal Place	of Business	Mailing Address				t tållingt til lålål tilli nom	99111 <b>98</b> 111 <b>98</b> 411 <b>9</b> 1	<b> 6166</b> , <b>6</b> a	(45) Bill (45)
1516 EAST HILI	CREST STREET	1516 EAST HILLCREST ST	REET						
SUITE 301		SUITE 301				DO NOT WRITE IN THIS SPACE			
ORLANDO FL 3	2803-4716	ORLANDO FL 32803-4716	ORLANDO FL 32803-4716			3. Date Incorporated or Qualifed			
					-	01/15/1993	· ·		}
A - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	f Puring	2a. Mailing Address				4. FEI Number		Anr	lied For
	ace of Business					59-3203487		<del></del>	Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.						\$8.75 A	
_ ` ` `	m, 616.	27				5. Certifcate of Status Desired	- ـ . 🚨	Fee Rec	
City & State	9	City & State				6. Election Campaign Financing		\$5.00 N	May Be
23	_	28				Trust Fund Contribution	<b>'</b> □	Added to	•
Zip	Country	Zip	Соц	ntry		8. This corporation owes the cu	ırrent year Inta	angible	-
24	25	29	30			Personal Property Tax.	·	☐ Yes i	□No
	9. Name and Address of Curre	nt Registered Agent			1	0. Name and Address of New	Registered A	Agent	
				81 Nam		ATT CAMITD T	•		
	AALI, SAMIR J			82 Stree	<del>عمداد</del> et Address	AALI, SAMIR, J. (P.O. Box Number is Not Accept	otable)		
	glenview DR			539	92 LAF	KE MARGARET DR.,	APT. #81	.7	
WIN'	TER GARDEN FL 34787-2206			83					
				84 City				85 Zip C	ode
				,	ORLA		F <u>L</u>	3281	12 <u>–6098</u>
11. Pursuant	to the provisions of Sections 607.05 egistered agent, or both, in the State	02 and 607.1508, Florida Statu	tes, the a	bove-name	ed corpora	tion submits this statement for the board of directors. I hereby acc	e purpose of a	changing its r ntment as rec	egistered istered
oπice or n agent. I a	m familiar with and accept the oblig	ations of, Section 607.0505, Fk	orida Stat	utes.	прогасоп о	, 50010 01 01 01 010 10 1 1 10 10 2 5 10 10			
SIGNATURE	- The	Samir J	. Seb	aali.	Presi	dent	2/01/99	)	
SIGNATIONE	Signature, types or onnted name of registered age			Agent signátul	ire required who	en reinstating) ADDITIONS/CHANGES TO C	DATE		PS IN 12
12.		ND DIRECTORS	13.	n c	-1_	ADDITIONS/CHANGES TO C	FFICERS AIT	Change	☐ Addition
TITLE	P	C) Defete			P	ATT CAMED T		<b>2101</b>	_
NAME	SEBAALI, SAMIR J.		1.2 N			AALI, SAMIR, J.		_ ^-	
STREET ADDRESS	612 GLENVIEW DR.		1	REET ADDRES	3372	LAKE MARGARET D	-		
CITY-ST-ZIP	WINTER GARDENS FL	☐ DELETE	1.4 CI	TY-ST-ZIP	—ORL/	ANDO, FLORIDA 32	<del>812-609</del> 8	Change	Addition
TITLE	VTS	C) OCCETE							
NAME	ANM, JEAN E		2.2 N						
STREET ADDRESS	4006 EVANDER DR.			TREET ADORES	SS				
CITY-ST-ZIP	ORLANDO FL 32812	☐ DELETE	3.1 TI	ITY-ST-ZIP				☐ Change	Addition
TITLE			3.1 N						_
NAME			•						
STREET ADDRESS				REET ADDRES	355				
CITY-ST-ZIP		☐ DELETE	3.4. C	ITY-ST-ZIP	_  -	<del></del>		Change	Addition
TITLE			4 2 N						
NAME				TREET ADORE	ee				
STREET ADDRESS			-		:55				
CITY-ST-ZIP		☐ DELETE	5.1 Ti	TY-ST-ZIP				[] Change	Addition
TITLE			5.1 N						
NAME				TREET ADORE	SS				
STREET ADDRESS			- 1	ITY-ST-ZIP					
CITY-ST-ZIP		DELETE	6.1 T					Change	Addition
TITLE		DECE!E	6.2 N					- •	
NAME				TREET ADORE	ss				

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change do no an attachment with an address, with all other like empowered.

SIGNATURE:

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Samir J. Sebaali, President

2/01/99

407-895-0324