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CORPORATION ANNUAL REPORT

1995

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

FILED
95 FEB 14 PM 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000044137 (6)

1. Corporate Name

FCP ENGINEERING, INC.

Principal Place of Business	Mailing Address
21837 REFLECTION LANE BOCA RATON FL 33428	21837 REFLECTION LANE BOCA RATON FL 33428

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/17/1993	3a. Date of Last Report: 03/08/1994
4. FEI Number: 65-0425320	☐ 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 S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business — 21 Street Address, Apt. #, etc. 22 — City & State 23 — Zip 24 — Country 25

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

9. Name and Address of Current Registered Agent

COHEN, EVELYN
21837 REFLECTION LANE
BOCA RATON FL 33428

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 Section 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: (Signature of new registered agent, if changed) (Name of Registered Agent, Typed or Printed) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
001 TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	COHEN, RONALD	12 NAME	
STREET ADDRESS	21837 REFLECTION LANE	13 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33428	14 CITY-ST-ZIP	
002 TITLE	STD	21 TITLE	☐ Change ☐ Addition
NAME	COHEN, EVELYN	22 NAME	
STREET ADDRESS	21837 REFLECTION LANE	23 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33428	24 CITY-ST-ZIP	
003 TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
004 TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
005 TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
006 TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this report is voluntarily furnished and 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 with an address, with an asterisk, for each.

SIGNATURE: Ronald Cohen — FEB. 8, 1995 — (407) 477-8777

(SIGNATURE AND TYPED OR PRINTED NAME OF PERSON SIGNING FOR CORPORATION) — (Date) — (Telephone Number)

RONALD COHEN

0285035 CP