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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000056861

1. Corporation Name

BIKO ENGINEERING SERVICES, INC.

Principal Place of Business

Mailing Address

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90083 020 ***150.00



| 3. Date Incorporated or Qualifed 08/13/1993 2. Principal Place of Business 2. Mailing Address 4. FEI Number 59-3196825 Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required City & State City & State City & State City & State City & State City & State City & State City & State Applied F 59-3196825 Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required Fee Required Added to Fees | | | | |
|--|--|--|--|--|
| Suite, Apt. #, etc. City & State City & State City & State Suite, Apt. # Election Campaign Financing Trust Fund Contribution Suite, Apt. #, etc. The permint from 26 Suite, Apt. #, etc. Suit | | | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State BEVEY Hills FL 28 | or | | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing Trust Fund Contribution Added to Fees | cable | | | |
| City & State 6. Election Campaign Financing 55.00 May B Trust Fund Contribution Added to Fees | | | | |
| | | | | |
| Zip Country Zip Country 8. This corporation owes the current year Intangible Personal Property Tax. Yes No | | | | |
| 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent | | | | |
| THE LAW FIRM LAWRENCE J SPIEGEL, CHARTERED 81 Name | | | | |
| 343 ALMERIA AVE Street Address (P.O. Box Number is Not Acceptable) | 2 Street Address (P.O. Box Number is Not Acceptable) | | | |
| CORAL GABLES FL 33134 | | | | |
| 84 City FL 85 Zip Code | | | | |

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | |
|--|--|-----------|---|--|----------|------------|--|--|
| 12. | OFFICERS AND DIRECTORS | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | | |
| TITLE | PO | ☐ DELETE | 1,1 TITLE | | Change | Addition | | |
| NAME | MYERS, R. | | 1,2 NAME | | _ | ļ | | |
| STREET ADDRESS | 835 EAST BOSTON STREET | | 1.3 STREET ADDRESS | 5042 N. Peppermint | Dr. | ļ | | |
| CITY-ST-ZIP | HERNANDO FL | | 1,4 CITY-ST-ZIP | 5042 N. Peppermint Beverly Hills, FL 34 | 1465 | | | |
| TITLE | VP | ☐ DELETE | 2.1 TITLE | | Change | ☐ Addition | | |
| NAME | MYERS, M. A. | | 2.2 NAME | | | } | | |
| STREET ADDRESS | 835 EAST BOSTON STREET | | 2.3 STREET ADDRESS | BEVERLY Hills, FL 3. | Dr. | | | |
| CITY-ST-ZIP | HERNANDO FL | | 2.4 CITY-ST-ZIP | Beverly Hills, FL 3 | 4465 | | | |
| TITLE | T | DELETE ** | 3.1 TITLE | 1 | Change | Addition | | |
| NAME | MYERS, R. | | 3.2 NAME | <i>[</i> ' | | 1 | | |
| STREET ADDRESS | 835 EAST BOSTON STREET | | 3.3 STREET ADDRESS | " SAME " | | | | |
| CITY-ST-ZIP | HERNANDO FL | | 3.4. CITY-ST-ZIP | 314175 | | | | |
| TITLE | S | ☐ DELETE | 4.1 TITLE | Λ/ | Change | ☐ Addition | | |
| NAME | MYERS, M. A. | | 4.2 NAME | | • | | | |
| STREET ADDRESS | 835 EAST BOSTON STREET | | 4.3 STREET ADDRESS | | | | | |
| CITY-ST-ZIP | HERNANDO FL | | 4.4 CITY-\$T-ZIP | " 5AME " | | | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | Change | Addition | | |
| NAME | | | 5.2 NAME | | | | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | | | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change | ☐ Addition | | |
| NAME | • | | 6.2 NAME | | | | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | | | | |
| C/TY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | entify that the information supplied with this filing do | | 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | l in Section 119.07(3\()), Florida Statutes. I further | | | | |

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 changed, or on an attachment with an address, with all other like empowered.