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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000062517**

1. Corporation Name
CREST ENGINEERING ASSOCIATES OF FLORIDA, P.A.

Principal Place of Business	Mailing Address
4526 N. ACCESS RD ENGLEWOOD FL 34224 US	4526 N. ACCESS RD ENGLEWOOD FL 34224 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 09/02/1993

2. Principal Place of Business (21) / 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)

City & State (23) / City & State (28)

Zip (24) Country (25) / Zip (29) Country (30)

4. FEI Number: 65-0441052 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BADACH, FRANK J
4730 NW BOCA RATON BLVD
STE. 1510
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 (THERE IS NO SUITE #)

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	STRONG, PETER W.		1.2 NAME		
STREET ADDRESS	410 RANDOLPH ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	FREEHOLD NJ		1.4 CITY-ST-ZIP		
TITLE	VEVP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WIENER, RICHARD P.		2.2 NAME		
STREET ADDRESS	2029 BROOK WOOD DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	TOMS RIVER NJ 08755		2.4 CITY-ST-ZIP		
TITLE	VT	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	GREGORY F. WEYERS		3.2 NAME		
STREET ADDRESS	13571 ROMFORD AVE		3.3 STREET ADDRESS	7201 WATERS WAY	
CITY-ST-ZIP	PORT CHARLOTTE FL		3.4 CITY-ST-ZIP	ENGLEWOOD, FL 34224	
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HUNDLEY, DANIEL P.		4.2 NAME		
STREET ADDRESS	1026 FANNY STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	ELIZABETH NJ		4.4 CITY-ST-ZIP		
TITLE	VS	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	OXLEY, BRUCE R		5.2 NAME		
STREET ADDRESS	7257 DEEGAN STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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

SIGNATURE: Bruce R. Oxley BRUCE R. OXLEY 2/25/99 941-475-5651
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #