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PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # P93000085042

1. Corporation Name

CANE RIVER ENGINEERING, INC.

Principal Place of Business	Mailing Address
18414 KEYSTONE GROVE BLVD. ODESSA FL 33556	P O BOX 475 ODESSA FL 33556 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed	**12/07/1993**
4. FEI Number	**59-3212678** · 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

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]

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WIESENFELD, KRISTOPHER M 18414 KEYSTONE GROVE BLVD. ODESSA FL 33556	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 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE **D**	☐ DELETE	1.1 TITLE	☐ Change	☐ Addition
NAME **WIESENFELD, KRISTOPHER M**		1.2 NAME		
STREET ADDRESS **18414 KEYSTONE GROVE BLVD.**		1.3 STREET ADDRESS		
CITY-ST-ZIP **ODESSA FL 33556**		1.4 CITY-ST-ZIP		
TITLE	☐ DELETE	2.1 TITLE	☐ Change	☐ Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2.4 CITY-ST-ZIP		
TITLE	☐ DELETE	3.1 TITLE	☐ Change	☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE	☐ Change	☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
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		
CITY-ST-ZIP		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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _~~~~~_ *President* 2/12/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (11/98)