

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000014338 (5)**

1. Corporation Name
FIELD ENGINEERED PRODUCTS, INC.



Principal Place of Business 212 SE 43RD TERRACE CAPE CORRAL FL 33904 US	Mailing Address 212 SE 43RD TERRACE CAPE CORRAL FL 33904 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 25090 Roland Lane Suite, Apt. #, etc. 22		2a. Mailing Address 26 25090 Roland Lane Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 02/18/1994		3a. Date of Last Report 04/26/1996	
City & State 23 Punta Gorda FL Zip 24 33955		City & State 28 Punta Gorda FL Zip 29 33955		4. FEI Number 65-0507661		Applied For <input type="checkbox"/> Not Applicable	
Country 25 USA		Country 30 USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MATTHEWS, MARC 212 SE 43 TERR CAPE CORAL FL 33904				81 Name MARC R. MATTHEWS	
				82 Street Address (P.O. Box Number is Not Acceptable) 25090 Roland Lane	
				83	
				84 City Punta Gorda FL 85 Zip Code 33955	

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 Marc R. Matthews (NOTE: Registered Agent signature required when reinstating) 8/27/97 DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PTD	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MATTHEWS, MARC R			1.2 NAME			
STREET ADDRESS	212 S.E. 43RD TERRACE			1.3 STREET ADDRESS	25090 Roland Lane		
CITY-ST-ZIP	CAPE CORAL FL 33904			1.4 CITY-ST-ZIP	Punta Gorda FL 33955		
TITLE	SVD	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MATTHEWS, LINDA G			2.2 NAME			
STREET ADDRESS	212 S.E. 43RD TERRACE			2.3 STREET ADDRESS	25090 Roland Lane		
CITY-ST-ZIP	CAPE CORAL FL 33904			2.4 CITY-ST-ZIP	Punta Gorda FL 33955		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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.

SIGNATURE Marc R. Matthews 8/27/97 941-277-5919

CR2E034 (4/97)