FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1996 DIVISION OF CORPORATIONS DOCUMENT # P94000021672 (8) 1. Corporation Name									
	_{Name} Ruction Estimating T	ECHNOLOGIES, INC).						
0011011	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•						
Principal Place	of Business	Mailing Address				1669400)	D AN D AND I	. 10 HEH 111	10010 1001
466 NW 70TH AVENUE 466 NW 70TH AVE			NUE						
PLANTATION	PLANTATION FL 3 US	ANTATION FL 33317							
US		ŲS				3. Date incorporated or Qualified 03/17/1994		e of Last R 17/10/198	
2. Principal Pla	ce of Business	2a, Mailing Address	a. Mailing Address			4. FEI Number			Applied For
21		26			65-0476295			Not Applicable	
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			5 Additional Required	
City & State		City & State				6. Election Campaign Financing		\$5.0	O May Be
23		28				Trust Fund Contribution			d to Fees
Ζιρ 24	Country 25	Zip 29	30 Cou	ntry		8. This corporation has liability for Florida Statutes Yes	intangible t	ax unider s	199.032,
24	9. Name and Address of Curr					10. Name and Address of New I	Registered	Agent	
					Name				
MCGONIGLE, JAMES T				82	Street Addre	ess (P.O. Box Number is Not Acceptal	ble)		
6221 BANYAN TERRACE PLANTATION FL 33317				83					
FLANIA	11011 1 2 000 17			84	City			85 2	ip Code
					•		Fl	_	
11. Pursuant to or registere	o the provisions of Sections 607.05 ed agent, or both, in the State of Fi	i02 and 607,1508, Florida St orida, Such change was autl	tatutes, the abo horized by the o	ove-na corpo	amed corpora ration's boar	ation submits this statement for the puriod of directors. I hereby accept the app	irpose of cr pointment a	s registered	registered office d agent. I am
familiar with	h, and accept the obligations of, Se	ection 607.0505, Florida Stat	tutes.						
SIGNATURE _	Signature, typod or printed nan c of registered ag	gent and title if applicable	(NOTE: Registered	Agent	signature required	d when reinstating)	DATE		
12.	OFFICERS /	AND DIRECTORS DELETE	13.	OTI F		ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTO	
TITLE	HOLMES, CAROLA 466 NW 70TH AVENUE			1. 1 TITLE 1.2 NAME 1.3 STREET ADDRESS					_
NAME STREET ADORESS									
CITY-S1-ZIP	FLANTATION FL		1.4 CITY-ST-ZIP		- ZIP				
TITLE	D D							☐ Change	Addition
NAME:	HOLMES, RICHARD W		2.2 NAME 2.3 STREET ADDRESS						
STREET ADDRESS	466 NW 70TH AVENUE PLANTATION FL			ITY-ST					
CITY-ST-ZIP	☐ DELETE							☐ Change	☐ Addition
NAME			3.2 N	AME			-		
STREET ADDRESS					ADDRESS				
CITY - ST - 7IP		☐ DELETE		ITY-ST	1-7IP			Change	Addition
THILE NAME			4.2 N						_
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				HTY-SI	r-zip				- 143°C
THLE		DELEJE	1					Change	Addition
NAME		/	521		ADDRESS				
STREET ADDRESS		/		STREET City-Si	ADDRESS				
CITY-ST-ZIF TITLE		DELETE		TITLE				Change	Add tion
NAME		/		IAME					
STREET ADDRESS			635	STREET	ADDRESS				
			640	OTY-S	T-71P				

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 cath; 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:

Caral A. Nalmess
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-587-0620 Daytine Phone •