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 # P9400040120

1. Corporation Name

ENGINEERING TECHNOLOGY - CHINA, INC.

		· · · · · · · · · · · · · · · · · · ·				.		8 12021 00 21 1001	
Principal Place of Business Mailing Address									
445 ANTIQUA LANE 445 ANTIQUA LANE									
PALM BEACH FL 33480 PALM BEACH FL 33480						DO NOT WRITE IN THIS SPACE			
US						3. Date Incorporated or Qualifed			
						05/26/1994			
A D:-:	Ducin-on	2a. Mailing Address				4. FEI Number	T A	pplied For	
⊢ −1 '	ace of Business	_				38-3192886		ot Applicable	
26 Suite, Apt. #, etc. Suite, Apt. #, etc.							- ا	Additional	
E						5. Certificate of Status Desired		equired	
22 27 27 City & State City & State				6 Flootion Compaign Finan		6 Floring Compaign Financing		May Be	
						6. Election Campaign Financing Trust Fund Contribution	•	to Fees	
23	Causter	Zip	Zip Country						
Zip				ountry 8. This corporation owes the current year Intangible Personal Property Tax. □ Yes □ No					
24	25	29	30			10. Name and Address of New Registered Agent			
9. Name and Address of Current Registered Agent					81 Name				
HOMISCO INCORPORATION, INC.									
222 LAKEVIEW AVE			[8	2	2 Street Address (P.O. Box Number is Not Acceptable)				
SUITE 800				33					
1	T PALM BEACH FL 33401		ľ	"					
, VIEG	T PALIN BEACHT & COTO		8	14	City	F. 8	5 Zip	Code	
L				Д.		FL [i-td	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named office or registered agent, or both, in the State of Florida. Such change was authorized by the corp						ration submits this statement for the purpose of cha n's board of directors. I hereby accept the appointme	nt as r	egistered	
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE									
CIONATONE	Signature, typed or printed name of registered agen		_ -	gent	t signature required t			2000 151 40	
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND D	Change		
TITLE	_		1.1 TITL			L	Change		
NAME	INCIDIO (G. GEOTIGE D		1.2 NAM	Ε					
STREET ADDRESS			1.3 STR	1.3 STREET ADDRESS				II.	
CITY-ST-ZIP			1.4 CITY	_	:-ZIP			C and the contract	
TITLE	☐ DELETE 2.11		2.1 TITL	E		L	Change	Addition	
NAME	2.2		2.2 NAM	E				j	
STREET ADDRESS			2.3 STR	2.3 STREET ADDRESS					
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TITLE		☐ DELETE	3.1 TITL	Ε			Change	Addition	
NAME		· 3.2		E					
STREET ADDRESS	3.33		3.3 STR	EET,	ADDRESS				
CITY-ST-ZIP	3.4.		3.4. CIT	r-ST	T-ZIP				
TITLE		☐ DELETE	4.1 TITLE				Change	Addition	
NAME	4.2		4. 2 NA	Æ					
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CITY-ST-ZIP			4.4 CITY-S		(-7IP				
TITLE		☐ DELETE	5.1 TITLE				Change	Addition	
NAME			5.2 NAME						
STREET ADDRESS	·		5.3 STR	EET.	ADDRESS				
	3			5.4 CITY-ST-ZIP					
CITY-ST-ZIP			6.1 TITL		- +		Change	Addition	
NAME A	A STATE OF S		6.2 NAM		Ì		J-	_	
2 1			1		ADDRESS			ı	
STREET ADDRESS	programme 🕶		0.00110		, _ 555				

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.

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90168 001 ***150.00