

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.)

APPROVED
AND
FILED

1997 SEP 12 PM 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000048064 (7)

1. Corporation Name

ENGINEERED SOLUTIONS INDUSTRIES, INC.



Principal Place of Business

1000 E ATLANTIC BLVD
SUITE 202
POMPANO BEACH FL 33060
US

Mailing Address

340 S.E. 12TH ST.
POMPANO BEACH FL 33060

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

06/23/1994

3a. Date of Last Report

04/15/1996

4. FEI Number

65-0587785

Applied For

Not Applicable

5. Certificate 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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FOX, JONATHAN B
340 S.E. 12TH ST.
POMPANO BEACH FL 33060

10. Name and Address of New Registered Agent

81 Name

Mark L. Cortina

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

340 SE 12 ST

83

84 City

Pompano Beach

FL

85 Zip Code

33060

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

Mark L. Cortina

(NOTE: Registered Agent signature required when reinstating)

9/12/97

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
D FOX, JONATHAN B
STREET ADDRESS
600 SE 6 TERRACE
CITY-ST-ZIP
POMPANO BCH FL

TITLE ☐ DELETE

NAME
D CORTINA, MARK L
STREET ADDRESS
340 S.E. 12TH ST.
CITY-ST-ZIP
POMPANO BEACH FL 33060

TITLE ☐ DELETE

NAME
D FOX, DAWN B
STREET ADDRESS
600 SE 6TH TERRACE
CITY-ST-ZIP
POMPANO BCH FL

TITLE ☐ DELETE

NAME
D CORTINA, CYNTHIA M
STREET ADDRESS
340 S.E. 12TH ST.
CITY-ST-ZIP
POMPANO BEACH FL 33060

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 from an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

Mark L. Cortina

9/14/97

9/14/97

CR2E034 (4/97)