FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 18 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000073819 (2)

SMS ENGINEERS, INC.

2. Principal Place of Business 2e. Mailing Addr 21 26 Suite, Apt. #, etc. Suite, Apt. #,	388		
26	288		3. Date Incorporated or Qualified 3a. Date of Last Report 05/01/1996
			4. FEI Number Applied For
Odito, ript. in oto.	etc.		59-3282822 Not Applicat
27	CIO.		5. Certificate of Status Desired Fee Required
City & State City & State			6. Election Campaign Financing \$5.00 May Be
23 28		····	Trust Fund Contribution Added to Fees
Zip Country Zip	h	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No
25 29 9. Name and Address of Current Registered Agent	[30]		Florida Statutes LI Yes No 10. Name and Address of New Registered Agent
SAYED, SAYED M		81 Nam	a anno anamo de la carra mariante describir de carra de maria antiga antiga antiga antiga de carra de carra de carr
1828 CLARIDGE COURT		82 Stree	et Address (P.O. Box Number is Not Acceptable)
MAITLAND FL 32751			
		83	
		84 City	B5 Zip Code
The Purpose to the provisions of Sections 607 0100 and 607 1509 Florid	la Cintulan the	a la como	ed corporation submits this statement for the purpose of changing its registere
SIGNATURE Signature, typed or printed name of registered agent and total diagraphic files. OFFICERS AND DIRECTORS	Ď505, Florida S (NOTE Regist	Statutes.	corporation's board of directors. I hereby accept the appointment as registered start required when renstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PSVT DE	LETE 1.	.1 1)TLE	Change Addition
NAME SAYED, M. SAYED		2 NAME	
STREET ADDRESS CITY-ST-ZIP 1828 CLARIDGE CT MAITLAND FL		3 STREET ADDRES	SS
CITY-ST-ZIP MAITLAND FL		4 CHY-ST-ZIP	Change Addition
NAME		2 NAME	
STREET ADDRESS	2.3	3 STREET ADDRES	ss
City-ST-ZiP		4 CITY - \$1 - ZIP	
TITLE		.1 1/11/E] Change] Addition
NAME		.2 NAME	
STREET ADDRESS		3 STREET ADORES	SS
CITY-ST-ZIP TIFLE DE		4 CITY-ST-ZIP 1 TITLE	Change Addition
NAME		2 NAME	
STREET ADDRESS		3 STREET ADDRES	ss
CITY-ST-ZIP	4.4	4 CITY-ST-ZIP	
TITLE	.FTE 5.	1 7171.18	Change Addition
NAME	5.2	2 NAME	
STREET ADDRESS		3 STREET ADDRES	SS
CITY-ST-ZIP		4 CITY - ST - ZIP	Change Datas
TITLE		11111.6	L Change L Addition
NAME OVER ADDRESS		2 NAME 2 CAREEL ROOM O	
STREET ADDRESS		3 STREET ADDRES	00
CITY-S1-ZIP 14. Fdo hereby certify that the information supplied with this filing does r		4 CHY+\$1 - ZIP he exemption	n stated in Section 119.07(3)(i), Florida Statutes. I further certify that the