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

PROFIT CORPORATION ANNUAL REPORT

1998

TITLE

NAME

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000085358 (7)

Principal Place	ENGINEERING & CONSUL	, ,						
FALM DEAUN	I GANDENIO EL 30410	CHEM DENOTE ONTO EN	L 33410	,		DO NOT WRITE IN THIS S	PACE	
						3. Date Incorporated or Qualified 11/14/1994		
2. Principal Pi	lace of Business	2a. Mailing Address				4. FEI Number	Ā	oplied For
Suite, Apt. #, etc.		26				NOT APPLICABLE	_ 	ot Applicable
Strite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional equired
City & State		City & State				6, Election Campaign Financing		May Be
23		28				Trust Fund Contribution		to Fees
Zip	Country	7ip	Cou	intry		8. This corporation owes or has paid the curr		
24	25		30					ZNo
9. Name and Address of Current Registered Agent					Name	10. Name and Address of New Registered	Agent	
GUGLIOTTA, LOUIS A 5105 WOODLAND LAKES DR				81				
PALM BEACH GARDENS FL 33418				82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
			ļ	83	· · · · · · · · · · · · · · · · · · ·			
			}	84	City		85 Zip	Code
				_]	-	<u>FL</u>		
office or reagent. I as	egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida, Such change was at patients of, Section 607.0505, Florida	s, the at ithorized ida Stat	d by utes	the corporat	ioration submits this statement for the purpose of ion's board of directors. I hereby accept the appoint	changing i	registered
	Signature, typicid or printed name of registered ag			d Ager	nt signature requir	ed when reinstating) DATE		
TITLE			13.	TI E		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR Change	RS IN 12
NAME				AME	\			L ROOMON
STREET ADDRESS	4444 11/0 CM 1				ADDRESS			
CITY-ST-ZIP	PALM BEACH GARDENS FL		1.4 CITY - ST - ZIP		ļ			
TITLE	DELETE 2			2 1 TITLE			Change	Addition
NAME			2.2 NA	ME				
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP TITLE			2. 4 CI		T-ZIP		Change	Addition
NAME		[_] DILLIE	3.1 III		}		cuange	- AODITION
STREET ADORESS					ADDRESS			
CITY-ST-ZIP	<u></u>		3,4 CI		-			
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NAME			4 2 N/		ŀ			
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TITLE NAME		₽ DECENT	5.1 TIT 5.2 NA		[L risage	☐ AOUIUDII
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP			5.3 ST					

14. Thereby 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 of 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 in an attachment with an address.

6.1 TITLE

6.2 NAME

63 STREET ADDRESS

DELETE

FILED
May 11 1998 8:00am
Secretary of State

Change

Addition