

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000089374 (0)

1. Corporation Name

HAKIMIAN AND ASSOCIATES CONSULTING ENGINEERS, IN
C.



Principal Place of Business

3025 M.I.T. STREET
ORLANDO FL 32817

Mailing Address

3025 M.I.T. STREET
ORLANDO FL 32817

3. Date Incorporated or Qualified

12/08/1994

3a. Date of Last Report

04/13/1995

2. Principal Place of Business

2a. Mailing Address

21 1035 S. SEMORAN BLVD.

26 1035 S. SEMORAN BLVD.

4. FEI Number

59-3282887

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 1021 B

27 1021 B

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23 WINTER PARK FLORIDA

28 WINTER PARK FLORIDA

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

Zip

Country

Zip

Country

24 32792

25 U.S.A.

29 32792

30 U.S.A.

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAKIMIAN, JAMSHID
3025 M.I.T. STREET
ORLANDO FL 32817

81 Name

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

83

84 City

FL

85 Zip Code

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 that of a receiver

(NOTE: Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PVST	<input type="checkbox"/> DELETE
NAME	HAKIMIAN, JAMSHID	
STREET ADDRESS	3025 M.I.T. STREET	
CITY - ST - ZIP	ORLANDO FL 32817	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAKIMIAN, JAMSHID	
STREET ADDRESS	3025 M.I.T. STREET	
CITY - ST - ZIP	ORLANDO FL 32817	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1. TITLE	HAKIMIAN SYRUS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS	1035 S. SEMORAN BLVD. SUITE 1021B	
4. CITY - ST - ZIP	WINTER PARK FLORIDA 32792	
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		
7. STREET ADDRESS		
8. CITY - ST - ZIP		
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY - ST - ZIP		
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY - ST - ZIP		

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 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.

SIGNATURE:

J. Hakimian

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAY 28, 1996

407-677-5836

Date

Daytime Phone #

CR2E034 (12/95)