

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000093304 (1)
1. Corporation Name

LANE & SLOWINSKI ENGINEERS AND CONSTRUCTION CONSULTANTS, INC.

Principal Place of Business
300 SOUTH PINE ISLAND ROAD
SUITE 209
PLANTATION FL 33324

Mailing Address
300 SOUTH PINE ISLAND ROAD
SUITE 209
PLANTATION FL 33324

APPROVED
AND
FILED
98 OCT 23 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/01/1995

4. FEI Number

65-0558792

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

LANE, BART
300 SOUTH PINE ISLAND ROAD
SUITE 209
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name SUE ACKERMAN

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

14010 SW 56 MANOR

83

84 City FT LAUD

FL

85 Zip Code

33330

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]
Signature, typed or printed name of registered agent and title if applicable.

[Signature]
(NOTE: Registered Agent signature required when reinstating)

8-4-98
DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME LANE, BART C
STREET ADDRESS 759 BOWMAN CT
CITY-STATE-ZIP FT LAUDERDALE FL
~~DELETE~~
Keep Mr. Lane
as an officer
& director.

TITLE D
NAME SLOWINSKI, JOSEPH L
STREET ADDRESS 66 JARED SPARKS RD
CITY-STATE-ZIP WILLINGTON CT
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME 400002678534-1
1.3 STREET ADDRESS -11/03/98-01014-003
1.4 CITY-STATE-ZIP *****550.00 *****550.00
☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP
☐ Change ☐ Addition

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.

SIGNATURE: [Signature] REBECCA LANE 8-4-98 860-487-7037

0066170

CR2E034 (5/98)