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

CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000019068 (2) DOCUMENT # M.P.R. ENGINEERING, CORP., INC. Principal Place of Business Mailing Address 2123 JUDITH PLACE 2123 JUDITH PLACE LONGWOOD FL \$2779 LONGWOOD FL 32779 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/06/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3304765 21 26 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution Zip Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. 29 30 . Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent REDDY, MOVVA P. 2123 JUDITH PLACE Street Address (P.O. Box Number is Not Acceptable) LONGWOOD FL 32779 83 R4 City 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, typied or printed name of registered agent and fille if apply able. (NOTE: Registered Agont signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change TITLE 1.1 TITLE **REDDY, MOVVA P** NAME 1.2 NAME CR2E034 2123 JUDITH PLACE STREET ADDRESS 1.3 STREET ADDRESS LONGWOOD FL CITY-ST-ZIP 1.4 CITY - ST- ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME 23 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME

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 rhy name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS

Ped my

STREET ADDRESS

CITY-ST-ZIP

April 22 1998

407-333-054L

**FILED** 

May 20 1998 8:00am

Secretary of State