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

**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # P95000080510

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90237 045 \*\*\*150.00

INTERNA	TIONAL CONSTRUCTION	ENGINEERING, INC.						
Principal Place	e of Business	Mailing Address				- C IDDIERDI FIN ININ CITEL NATIL ADIRE ADIRE	BEIDI IBILI BEIDI DI	INT TOUR BUILDING TOUR
1628 SE 6TH STREET CAPE CORAL FL 33990  1628 SE 6TH STREET CAPE CORAL FL 33990  CAPE CORAL FL 33990					·	DO NOT WRITE IN	THIS SPACE	
						3. Date Incorporated or Qualifed 10/16/1995		ļ
Principal Place of Business     2a. Mailing Address						4. FEI Number	1	Applied For
21 26						59-3347718	1	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<del>-</del>		5. Certifcate of Status Desired		Additional Required	
City & State		City & State	City & State		6. Election Campaign Financing		May Be	
23	· .	28				Trust Fund Contribution	•	to Fees
Ζίρ <b>24</b>				Country		This corporation owes the current year     Personal Property Tax.	ar Intangible Yes	□No
9. Name and Address of Current Registered Agent						10. Name and Address of New Registe	ered Agent	
			81	Γ	Name			
SMELSER, HARRY L 1218 DELPRADO BLVD			82	-	Street Addre	ss (P.O. Box Number is Not Acceptable)		
SUITE B			83	+				
CAPE CORAL FL 33990			84	+	City		- 85 Zip	Code
					•		<b> </b>	
office or re	to the provisions of Sections 607.056 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was au	thorized by	th	named corporation	ration submits this statement for the purpos 's board of directors. I hereby accept the a	se of changing if ippointment as i	ts registered registered
	Signature, typed or printed name of registered age	<u></u>		nt s	signature required v		_	FORC IN 48
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICER	Change	
TITLE	P CHELOED HADDY	☐ DELETE	1.1 TITLE					eAddition
NAME	SMELSER, HARRY L		1.2 NAME					
STREET ADDRESS	1628 S.E. 6TH STREET		1.3 STREE					
CITY-ST-ZIP	CAPE CORAL FL 33990	DELETE	1.4 CITY-S		ZIP		[] Change	e Addition
TITLE	VP		2.1 TITLE				onunge	
NAME	WEINER, HELMUT R		2.2 NAME					
STREET ADDRESS	1136 S.W. 43RD STREET CAPE CORAL FL 33990		2.3 STREET 2. 4 CITY-S					
CITY-ST-ZIP TITLE	ST ST	DÉLETE	3.1 TITLE		ZIP		☐ Change	Addition
	WEINER, ELIZABETH L	<u> </u>	3.2 NAME					_
NAME STREET ADDRESS	1136 S.W. 43RD STREET		3.3 STREET AL		ADDRESS			
CITY-ST-ZIP	CAPE CORAL FL 33990		3.4. CITY-5	3.4. CITY-ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE				[] Change	e Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREE	TAI	ODRESS			
CITY-ST-ZIP			4.4 CITY-S	T- 2	ZIP			
TITLE	*	☐ DELETE	5.1 TITLE				☐ Change	e Addition
NAME			52 NAME					
STREET ADDRESS			53 STREE	ΤA	(DDRESS			•
CITY-ST-ZIP			54 CITY-S	ST-2	ZIP			
TC: -			61 TITLE		- 1		Change	e ∏ Addition

CITY-ST-ZIP 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 or an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS