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

**CORPORATION ANNUAL REPORT** 

1997

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**  FILED

Jul 23 1997 8:00am

500002246105 Change

-07/24/97--01006--007

\*\*\*550.00

Addition

Secretary of State

DOCUMENT # P9600004476 (3)

ANDERSON DESIGN & ENGINEERING, INC.

Principal Place of Business Mailing Address 1 8 OCEAN BLVD SUITE 320 1 S OCEAN BLVD SUITE 320 **BOCA RATON FL 83432 BOCA RATON FL. 33432-5144** a. Date Incorporated or Qualified 3a. Date of Last Report 01/11/1996 Principal Place of Business Mailing Address 4. FEI Number Applied For 21 41-1573700 26 Not Applicable Suite, Apt. #, etc. Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Added to Fees Trust Fund Contribution Zip Country Źφ Country This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes No g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SHAPIRO, MICHAEL B 7777 GLADES RD SUITE 200 82 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33434** 83 84 City 85 Zip Code 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 title if applicable (NOTL: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE 🔲 DELETE 1.1 TITLE ☐ Change Addition ANDERSON, JAMES T NAME 1.2 NAME 1 & OCEAN BLVD SUITE 320 STREET ADORESS 1.3 STREET ADDRESS **BOCA RATON FL 33432** CITY-ST-ZIP 1.4 CITY-S1-7IP DELETE TITLE 21 TITLE ☐ Change Addition NAME 22 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE Change 3.1 TIFLE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE 4.1 TITLE \_\_\_ Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TATLE DELETE 5.1 TITLE Change Addition NAME 52 NAME  $\mathcal{S}(\mathcal{S})$ STREET ADDRESS **5.3 STREET ADDRESS** 723 CITY-ST-ZIP 5 4 City-St-ZiP

14. I do 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 eath; 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. フ ルノ クつ

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

6.1 TITLE

62 NAME

DELETE