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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Jan 27, 1999 8:00am

Secretary of State

01-27-1999 90016 012 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

| T. Corporation | MENT # P9600000 T & APPLICATION ENGINEERI | | | | | |
|---|---|--|--|--|--|---|
| Principal Place | of Business | Mailing Address | - | |)(1) | 1181 1281 |
| 116 W GREENT | | 116 W GREENTREE LANE | | | | |
| LAKE MARY FL 32746-4842 LAKE MARY FL 32746-4842 | | | DO NOT WRITE IN THIS SPACE | | | |
| | | | | 3. Date Incorporated or Qualifed | | · · · |
| | | | | 01/17/1996 | | |
| 2 Principal Pl | ace of Business | 2a. Mailing Address | | 4. FEI Number | App | olied For |
| 21 Principal r | _ | 6 | | 59-3366645 | Not | Applicable |
| Suite, Apt. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 A | |
| 22 | 2 | 7 | | 5. Octation of Canada Desired | Fee Re | <u> </u> |
| City & State | e - · · · · · · | City & State | | 6. Election Campaign Financing | \$5.00 | - , |
| 23 | 2 | | | Trust Fund Contribution | Added to | rees |
| Zip | Country | Zip | Country | This corporation owes the current year Personal Property Tax. | | □No |
| 24 | 25 2 | | 30 | 10. Name and Address of New Register | | |
| | 9. Name and Address of Current Re | gistered Agent | 81 Name | to traine and the total of the tradition | | |
| STR | OPOLI, JAMES | uger time of the first | 1 1 | | | |
| 116 W GREENTREE LANE | | 82 Street Add | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| | MARY FL 32746-4842 | | 83 | 10 福州東京西部 新沙斯 | A 4 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| | | | <u> </u> | | (1,5 × 2 1,7 1,5 ¥ 1,1 1 1 | |
| | | • • • • • | 84 City | F | 85 Zip C | |
| office or r | registered agent, or both, in the State of Floor familiar with, and accept the obligations | d 607.1508, Florida Statutes orida. Such change was aut of. Section 607.0505. Florid | s, the above-named cor thorized by the corpora da Statutes. | poration submits this statement for the purpose tion's board of directors. I hereby accept the ap | e of changing its appointment as reg | registered gistered |
| office or r agent. I a SIGNATURE | to the provisions or sections our Jooz all egistered agent, or both, in the State of Fi im familiar with, and accept the obligations Signature, typed or printed name of registered agent and | of, Section 607.0505, Floric | s, the above-named con thorized by the corporal da Statutes. Registered Agent signature requi | red when reinstating) DATE | | |
| agent. I a | m familiar with, and accept the obligations | of, Section 607.0505, Florid title if applicable. (NOTE: R IRECTORS | da Statutes. Registered Agent signature requi | | AND DIRECTO | RS IN 12 |
| agent. I a | m familiar with, and accept the obligations Signature, typed or printed name of registered agent and | of, Section 607.0505, Florid | da Statutes. Registered Agent signature requi | red when reinstating) DATE | S AND DIRECTO | |
| agent. I a SIGNATURE | m familiar with, and accept the obligations Signature, typed or printed name of registered agent and OFFICERS AND D | of, Section 607.0505, Florid title if applicable. (NOTE: R IRECTORS | da Statutes. Registered Agent signature requi | red when reinstating) DATE | AND DIRECTO | RS IN 12 |
| agent. I a SIGNATURE 12. | m familiar with, and accept the obligations Signature, typed or printed name of registered agent and OFFICERS AND DI PD STROPOLI, JAMES 116 W GREENTREE LANE | of, Section 607.0505, Florid title if applicable. (NOTE: R IRECTORS | Registered Agent signature requi | red when reinstating) DATE | S AND DIRECTO | RS IN 12 |
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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 of 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

JAN. 8, 1999