PROFIT CORPORATION ANNUAL REPORT
1997

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

FILED
Sep 04 1997 8:00am
Secretary of State

[redacted]

DOCUMENT # P96000007122 (0)
Corporation Name
APPLIED ENGINEERING CONCEPTS, INC.

Principal Place of Business
Leigh Lake
19640 SW 14th Ct.
Pmbk Pines, FL 33029-1220

Mailing Address
P.O. Box 12-6403
Hialeah, FL 33012

3. Date Incorporated or Qualified: 01/23/1996
3a. Date of Last Report:

Principal Place of Business: 1200 Crescent SW Ave
Suite, Apt. #, etc.:
City & State: LA Belle FL
Zip: 33935 Country: USA

2a. Mailing Address: P O Box 1594
Suite, Apt. #, etc.:
City & State: LA BELLE FL
Zip: 33935 Country: USA

4. FEI Number: 65-0637505 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $3.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

Leigh Lake
19640 SW 14th Ct.
Pmbk Pines, FL 33029-1220

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable):
83
84 City: FL 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: Leigh B. Lake (NOTE: Registered Agent signature required when reinstating) DATE: 7-21-97

OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PSTD	11 TITLE	PSTD ☐ Change ☒ Addition
NAME	LAKE, LEIGH B	12 NAME	MARGARITA CASTÄNEDA
STREET ADDRESS	19640 SW 14 Ct.	13 STREET ADDRESS	1200 CRESCENT S.W. AVENUE
CITY-ST-ZIP	PEMBROKE PINES FL 33029	14 CITY-ST-ZIP	LABELLE FL 33935
	☐ DELETE		☐ Change ☐ Addition
TITLE	Manuel Sanchez	21 TITLE	
NAME	19640 SW 14th Ct.	22 NAME	
STREET ADDRESS	Pembroke Pines, FL 33029-1220	23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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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 added, attachment with an address.