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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1997 DOCUMENT # P96000025340 (6)

ADVANCED ENGINEERING SERVICES, INC. Principal Place of Business Mailing Address 1259 MIRAMAR AVENUE 1259 MIRAMAR AVENUE JACKSONVILLE FL 32207 JACKSONVILLE FL 32207-6336 3. Date Incorporated or Qualified 3a. Date of Last Report 03/15/1996 2. Principal Piace of Business 4. FEI Number 337 9553 2a. Mailing Address Applied For 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 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zio Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MAHFOUD, ANTONIO J 1259 MIRAMAR AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32207 83 84 City 85 Zip Code 11. Fursuant 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, type dichiprortest name of registerect agent and tale il applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (96/6)PRESIDENT DELETE 1.16 11 TITLE Change ANTONIO- J. MAHFOUD NAME 1.2 NAME E034 SCREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE, FLOTINA 32207 1.4 CITY-ST-ZIP $C \cdot T \gamma \cdot S^{1} \cdot Z P$ Change TITLE DELETE 2.1 TITLE Addition MARA 22 NAME NonE ST-8 - LADORESS 2.3 STREET ADDRESS CH1 - S1 - 24 2.4 CITY - ST - ZIP DELETE Add-tion MLE NAMí 3.2 NAME NONE 3.3 STREET ADDRESS SHICLLAUGHESS OTY ST-76 3.4. CITY-ST-ZIP DELETE Hill 4.1 TITLE Change ■ Addition NAME 4. 2 NAME NOHE 4.3 STREET ADDRESS STREET ADDRESS CITY S1-20P 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE 5.2 NAME HONE STREET A TURES! 5.3 STREET ADDRESS 5 4 CITY - ST - ZIP CITY: \$1, 78 DELETE 10.6 64 TITLE Change Addition NW 6.2 NAME NONE STRUE ACCIDENS 6.3 STREET ADDRESS

64 CITY-ST-7IP

14. I do hereby certily 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 and cated 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 fam 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

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appears in Block 12 or Block 13 if changed, or on an attachment with an

FILED

Apr 17 1997 8:00am

Secretary of State