


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

FILED
May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000026268 (8)
 1. Corporation Name
CIPRIANI ENGINEERING, INC.



Principal Place of Business 2117 HOLLYWOOD BLVD. STE ONE HOLLYWOOD FL 33020	Mailing Address 2117 HOLLYWOOD BLVD. STE ONE HOLLYWOOD FL 33020
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/20/1996

2. Principal Place of Business 21 542 N. SUMMIT AVE Suite, Apt. #, etc.	2a. Mailing Address 26 542 N. SUMMIT AVE Suite, Apt. #, etc.
22 City & State 23 LAKE HELEN FL	27 City & State 28 LAKE HELEN FL
24 32744 Zip Country 25 USA	29 32744 Zip Country 30 USA

4. FEI Number **65-0689340** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

8. This corporation owes has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
CIPRIANI, TOM
2117 HOLLYWOOD BLVD. STE ONE
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name **THOMAS J. CIPRIANI**

82 Street Address (P.O. Box Number Is Not Acceptable)
542 N. SUMMIT AVE

83

84 City **LAKE HELEN** FL 85 Zip Code **32744**

11. 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 *Thomas J. Cipriani* **THOMAS J. CIPRIANI PRESIDENT** DATE **04/27/98**

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	CIPRIANI, TOM	
STREET ADDRESS	2117 HOLLYWOOD BLVD. STE ONE	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CIPRIANI, JOSEPH	
STREET ADDRESS	10 PARKRIDGE COURT	
CITY-ST-ZIP	HUNTINGTON NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CIPRIANI, THOMAS J.	
1.3 STREET ADDRESS	542 N. SUMMIT AVE	
1.4 CITY-ST-ZIP	LAKE HELEN FL 32744	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MR JOSEPH L. CIPRIANI	
2.3 STREET ADDRESS	PASSED AWAY 03/19/96	
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 on an attachment with an address.

SIGNATURE: *Thomas J. Cipriani* **04/27/98** **327-32744**

CR2E034 (10/97)