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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000027845

1. Corporation Name

TRAFFORD ENGINEERING, INC.

Principal Place of Business

Mailing Address

876 N.E. 42ND STREET

876 N.E. 42ND STREET

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90002 039 ***150.00



FT. LAUDERDAL	AUDERDALE FL 33334 FT. LAUDERDALE FL 33334				DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed			- 1
					1	03/29/1996			}
2. Principal Pl	ace of Business	2a. Mailing Address		^ ^		4. FEI Number		Ap	plied For
21 6611	PONDAPPLE RD	26 6611	POND A	PPLE	RD	65-0654959		No	t Applicable
Suite, Apt.		Suite, Apt. #, etc			ĺ			\$8.75	Additional
22		27				5. Certifcate of Status Desired		Fee Re	quired
City & Stat		City & State	000		/	6. Election Campaign Financing		\$5.00	May Be
23 BOCA	RATON PL	28 BOCA	RATO A	<u> </u>		Trust Fund Contribution		Added t	o Fees
Zip	Country	Zip	Cou			This corporation owes the cur	rent year Int		<u> </u>
24 33 Y3	25 Palm Be	1/29 35 433	30	ILM BE		Personal Property Tax.		☐Yes	E No
	9. Name and Address of Current I	Registered Agent		1		0. Name and Address of New	Registered	Agent	
***	DII AMAZER OMARTERER			81 Name	:				
AMERILAWYER CHARTERED					Address	(P.O. Box Number is Not Accept	able)	,	
343 ALMERIA AVENUE									
COR	AL GABLES FL 33134			83					-
				84 City				85 Zip (Code
							FL		
11. Pursuant	to the provisions of Sections 607.0502 agistered agent, or both, in the State of	and 607.1508, Florida	Statutes, the at	ove-named	corporat	ion submits this statement for the	purpose of	changing its	registered
office or re agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligatio	ns of, Section 607.050	vas autriorizeu 5, Florida Statu	tes.	oration s	board of directors. Thereby acce	pt the appoi	Millerik da re	gistered
-		•							1
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable	(NOTE: Registered	Agent signature	required whe	en reinstating)	DATE		
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTO	
TITLE	PT	☐ DELE	TE 1.1 TI	Œ				Change	☐ Addition
NAME	CLOUGH, STEVE H		1.2 NA	ME					
STREET ADDRESS	876 N.E. 42ND STREET		1.3 ST	REET ADDRESS	3				}
CITY-ST-ZIP	FT. LAUDERDALE FL 33334		1.4 CI	Y-ST-ZIP					
TITLE	VS	☐ DELE	TE 2.1 TII	LE	1			Change	☐ Addition
NAME	CLOUGH, MARIE E		2.2 NA	ME					ļ
STREET ADDRESS	876 N.E. 42ND STREET		2.3 ST	REET ADDRESS	;				Ì
CITY-ST-ZIP	FT. LAUDERDALE FL 33334		2.4 CI	TY-ST-ZIP					
TITLE		☐ DELE						☐ Change	☐ Addition
NAME			3.2 NA	ME					l
STREET ADDRESS			3.3 ST	REET ADDRESS	<u>, </u>				
CITY-ST-ZIP				TY-ST-ZIP					
TITLE		☐ DELE						☐ Change	Addition
NAME			4. 2 N		}				
STREET ADDRESS			4.3 ST	REET ADORESS	;				
CITY-ST-ZIP	•			Y-ST-ZIP					
TITLE	<u>-</u>	☐ DELE						Change	☐ Addition
NAME			5.2 NA						}
STREET ADDRESS			5.3 ST	REET ADDRESS	3				ļ
CITY-ST-ZIP			5.4 CF	Y-ST-ZIP	1				j
TITLE		□ DELE			1			Change	Addition
			6.2 NA					·····g-	_
NAME				REET ADDRESS	,				

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, with all other like empowered.

6.4 CITY-ST-ZIP