

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

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90178 047 ***150.00

DOCUMENT # P96000029693

1. Corporation Name

STOLLEY ENGINEERING GROUP, INC.

Principal Place of Business

2101 NORTH ANDREWS AVE. SUITE 103
FT. LAUDERDALE FL 33311

Mailing Address

2101 NORTH ANDREWS AVE. SUITE 103
FT. LAUDERDALE FL 33311

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/05/1996

4. FEI Number

65-0659625

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 4101 N.E. 16TH TER.
Suite, Apt. #, etc.

22

City & State

23 OAKLAND PARK FL.

Zip

24 33334

Country

25 U.S.A.

2a. Mailing Address

26 P.O. Box 24224
Suite, Apt. #, etc.

27

City & State

28 FORT LAUDERDALE, FL

Zip

29 33307

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

STOLLEY, KENT C

2101 NORTH ANDREWS AVE., SUITE 103
FT. LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

81 Name

STOLLEY, KENT C.

82 Street Address (P.O. Box Number is Not Acceptable)

83

4101 N.E. 16TH TERRACE

84 City

FORT LAUDERDALE FL

85 Zip Code

33334

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PST ☐ DELETE

NAME STOLLEY, KENT C

STREET ADDRESS 4101 NE 16TH TERRACE

CITY-ST-ZIP OAKLAND PARK FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0314663