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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P96000034806**1. Corporation Name

CITY-ST-ZIP?

STRUC-TECH ENGINEERING, INC.

| Principal Plac | e of Business | Mailing Address | 1, 1911 | 4 10031001 100 10310 BEILE BOLLE BUILL BEILE BOLLE | D AIRST MINNS INSIS NOSAN AIRS COAS |
|---|--|--|---|--|---|
| 351 SOUTH CYPRESS ROAD 671 NORTHWEST 48TH AV SUITE 301 COCONUT CREEK FL 3306 POMPANO BEACH FL 33060 | | | . DO NOT WRITE IN THIS SPACE | | |
| US | 10H FE 33000 | | | 3. Date Incorporated or Qualifed | O OI AGE |
| | | | | 04/22/1996 | |
| 2. Principal P | Place of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 21 | | 26 | | 65-0658905 | Not Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional |
| Cib. 9 State | | City & Case | | | Fee Required |
| City & Stat | te | City & State | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip | Country | Zip | Country | This corporation owes the current year Interest. | |
| 24 | 25 | 29 | 30 | Personal Property Tax. | ∐Yes ∐No |
| | 9. Name and Address of Curren | | | 10. Name and Address of New Registered | Agent |
| LIAC | NE LIEBINI RA | KONTON A | 81 Name | | |
| | SE, HENRI M NORTHWEST 48TH AVENUE | | 82 Street Addr | ress (P.O. Box Number is Not Acceptable) | |
| | CONUT CREEK FL 33063 | | | | |
| | CONOT CHEEK FL 33003 | | 83 | | |
| | | | 84 City | | 85 Zip Code |
| 44 0 | to the annual series of Continue COZ OFOC | 2 and 607 1500 Elorida State | too the above period corn | ooration submits this statement for the purpose of | changing its registered |
| office or r | registered agent, or both, in the State o | of Florida. Such change was | authorized by the corporation | on's board of directors. I hereby accept the appoi | intment as registered |
| | im familiar with, and accept the obligat | tions of, Section 607.0505, FI | orida Statutes. | | |
| SIGNATURE | | | | | |
| 1 | Signature, typed or printed name of registered agent | t and title if applicable. (NOT | E: Registered Agent signature require | ed when reinstating) DATE | |
| 12. | Signature, typed or printed name of registered agen OFFICERS AN | t and title if applicable. (NOT D DIRECTORS | E: Registered Agent signature require 13. | ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN | ND DIRECTORS IN 12 |
| 12. | OFFICERS AN | | | | ND DIRECTORS IN 12 |
| | OFFICERS AND PSTD HAGE, HENRI M | D DIRECTORS | 13. | | |
| TITLE | OFFICERS AN PSTD HAGE, HENRI M 671 NORTHWEST 48TH AVENU | D DIRECTORS | 13. 1.1 TITLE | | |
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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 suppliemental 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 attach here with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE

FILED

Jan 21, 1999 8:00am

Secretary of State 01-21-1999 90027 017 ***158.75

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