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PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000040151 (8)

ENGINEERING SUPPORT CORPORATION

FILED Apr 25 1997 8:00am Secretary of State



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2723 QUAKING LEAF LN BOYNTON BEACH FL 33436 82 Street Address (P.O. Box Number is Not Acceptable) 83 Feb. 2 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 11. Pursuant to the provisions of Socitions 607.0502 and 607 1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its regis office or registered agent, or both, in the State of Floride Such change was authorized by the corporation's board of directors. I hereby scoept the appointment as regists agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statules. SIGNATURE Signature typide of princed name of registered agent agent send steel approaches. (NCTI: Registered Agent agenture required when remarkating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TITLE DOLINS, EDWARD H 12 HAME SIRET ADDRESS OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 12 HAME SIRET ADDRESS OFFICERS AND DIRECTORS IN 1 13 SIREET ADDRESS OFFICERS AND STATE ADDRESS OFFICERS AND DIRECTORS IN 1 14 STREET ADDRESS OFFICERS AND STATE ADDRESS OF	<u> </u>	L i	riogistoroo Agont		1 Name	10. 1100 0.10 7.00.000 07.101.1103	iotorou regotti	
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11. Pursuant to the provisions of Soctions 607.0502 and 607.1508, Florida Statutos, the above-named corporation submits this statement for the purpose of changing its regist 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 registed agent, are trainiller with, and accept the obligations of, section 607.0505, Florida Statutes. SIGNATURE Signature typed or printed name of registered agent and site if applicable. (MOTE Registered Agent signature required when reinstating). DA1E	501	INTON BEACH I E 33430		8	3			
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14. I do 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 angular aport or supplemental angular report is true and accurate and that my signature shall have the same legal effect as if made under out	a a Lala basal	المراز ومراز ومراومه والمراز و	with this filling doos not aust	tify for the o	xemption stated	t in Section 119.07(3)(i). Florida Statutes	 I further certify ti 	nat the