Applied For Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

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 # P96000068548

1. Corporation Name

Suite, Apt. #, etc.

City & State

24

KRAJNIK ENGINEERING GROUP. INC.

Principal Place of Business	Mailing Address		
4900 S.W. 74TH COURT MIAMI FL 33155	4900 S.W. 74TH COURT MIAMI FL 33155		

27

28

Suite, Apt. #, etc.

City & State

Zip

25 29 9. Name and Address of Current Registered Agent

Country

May 06, 1999 8:00 am Secretary of State

05-06-1999 90076 043 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

Trust Fund Contribution

Personal Property Tax.

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

08/16/1996 4. FEI Number

65-0691988

KRAJNIK, MARK 4900 S.W. 74TH COURT		"	1101110		
		82	Street Address (P.O. Box Number is Not Acceptable)		
MIAN	Al FL 33155	83			
		84	City	85 Zip Code	\dashv
		-	City	FL S FL FL FL FL FL FL F	ĺ
office or re	to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the egistered agent, or both, in the State of Florida. Such change was authoriz in familiar with, and accept the obligations of, Section 607.0505, Florida St	ed by	the corp	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered	d
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registe	ed Ager	t signature	required when reinstating) DATE	
12.	OFFICERS AND DIRECTORS 1			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	2
TITLE	D DELETE 1.1	TITLE		Change Addi	lition
NAME	KRAJNIK, MARK 1.2	NAME			
STREET ADDRESS	AAAA A III TAWAA AAAAA AAAAA AAAAA AAAAA AAAAA AAAAA AAAA	STREE	TADORESS		
CITY-ST-ZIP	MIAMI FL 33155	CITY-S	T-ZIP		
TITLE		2.1 TITLE		Change Addi	lition
NAME	2.2	2.2 NAME			
STREET ADDRESS	2.3	2.3 STREE			
CITY-ST-ZIP		CITY-5	ST-ZIP		
TITLE	☐ DELETE 3.1	TITLE		Change Add	lition
NAME	3.2	NAME			
STREET ADDRESS	3.3	STREE	ADDRESS	;	
CITY-ST-ZIP	34	CITY-S	ST-ZIP		
TITLE	☐ DELETE 4.1	TITLE		☐ Change ☐ Add	ition
NAME	4.	4. 2 NAME			
STREET ADDRESS	4.3	STREE	TADORESS		
City-ST-ZiP	4.4	CITY-S	T-ZIP		
TITLE	DELETE 5.1			☐ Change ☐ Add	lition
NAME	5.2	NAME			
STREET ADORESS	5.3	STREE	T ADDRESS	i	
CITY-ST-ZIP	5.4	CITY-S	T-ZIP		
TITLE	DELETE 6.1	TITLE		☐ Change ☐ Add	ition
NAME	6.2	NAME			
STREET ADDRESS	6.3	STREE	TADDRESS	;	
CITY-ST-ZIP	6.4 CI				
14 I hereby o	certify that the information supplied with this filing does not qualify for the e	kempt	ion state	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information	חי
indicated	on this annual report or supplemental annual report is true and accurate a	nd tha	t my sigi	nature shall have the same legal effect as if made under oath; that I am an	

Country

30

SIGNATURE:

MARIL M. 12/2AJNI12 4-27-99 (305) 666-3547