

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000069386**
Corporation Name

LACONTE ENGINEERING, INC.

Principal Place of Business
**300 N COLORADO AVE STE 210
STUART FL 34994**

Mailing Address
**300 N COLORADO AVE STE 210
STUART FL 34994**

FILED
Jul 12, 1999 8:00 am
Secretary of State

07-12-1999 90006 008 ***550.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
300 N COLORADO AVE STE 210 STUART FL 34994		26 P.O. Box 3003		08/20/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
27		28 STUART, FL		65-0710894	
City & State		Zip		5. Certificate of Status Desired	
25		29 34995		30	
Country		Country		8. This corporation owes the current year Intangible Personal Property.	
25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
LACONTE, PATRICK J 709 MICHAELS CT STUART FL 34996				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	

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.

GNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	2. TITLE	1.1 TITLE	1.2 NAME
3. STREET ADDRESS	4. CITY-ST-ZIP	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
5.1 TITLE	5.2 NAME	2.1 TITLE	2.2 NAME
5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
6.1 TITLE	6.2 NAME	3.1 TITLE	3.2 NAME
6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
7.1 TITLE	7.2 NAME	4.1 TITLE	4.2 NAME
7.3 STREET ADDRESS	7.4 CITY-ST-ZIP	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
8.1 TITLE	8.2 NAME	5.1 TITLE	5.2 NAME
8.3 STREET ADDRESS	8.4 CITY-ST-ZIP	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
9.1 TITLE	9.2 NAME	6.1 TITLE	6.2 NAME
9.3 STREET ADDRESS	9.4 CITY-ST-ZIP	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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.

SIGNATURE:

SIGNATURE REQUIRED

7/2/99 561 220/3835

CR2E034 (5/99)