## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000071618 (8)

CIVIL SOURCE ENGINEERING CORP.

Principal Place of Business	Mailing Address
141 WEST CENTRAL AVENUE. SUITE 9 WINTER HAVEN FL 33880	141 WEST CENTRAL AVENUE. SUITE 9 WINTER HAVEN FL 33880-6329

## **FILED** Apr 28 1997 8:00am Secretary of State



Fillicipal Flaci	e or business	ivianing /	Addiess								
141 WEST CEN WINTER HAVEN	TRAL AVENUE. SUITE 9 I FL 33880		r Central Avenu Haven fl 3 <b>388</b> 0-63		9						
							3. Date Incorporated or Qu 08/28/1996	ualified	3a. Date of Las	t Report	
	lace of Business	<u> </u>	ng Address				4. FEI Number 59- 33976	21		Applied For	
21 Sulto Apt	# 010	26 Suite	Ant # oto				53- 3337 60	<u>- /                                   </u>	60.7	Not Applicable	
22	Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired			5 Additional Required		
City & State			City & State				6. Election Campaign Financing \$5.00 May Be				
23	***************************************	28			Trust Fund Contribution Added to Fee						
Zip	Country		Zip Country				8. This corporation has liability for intangible tax under s. 199.032,				
24	9. Name and Address of Curre	29 nt Registered	30			l	Florida Statutes				
AMF	RILAWYER/CHARTERED			E	Nam		* * * -				
343	ALMERIA AVENUE			1	2 Stree	at Address	s (P.O. Box Number is Not A	Arcentah	<del></del>		
	CORAL GABLES FL 33134					141	W. COUTRAL	V A	Su176	7 W	
	1			8	13				,		
				Ē	4 City				85 <u>Z</u>	ip Code	
11 Dureugnt	to the provisions of Sections 607.05	02 and 607 150	OR Florida Statuto	the abo	Wo name	M COLOGO	ation submits this statement	for the n	FL 3	g its registered	
office or r	to the provisions of Sections 607.05 egistered agent, or hoth, in the Sal m familiar with, and accept the obli	e of Florida, 80	ch) hange was au	thorized	by the co	prporation	n's board of directors. I herel	by accep	t the appointment	as registered	
	in familiar with, and deept the foli			itia siaiu	ies.				2/201	(97	
SIGNATURE		gent and title if applic		Registered A	\gent signatu	nic required	when reinstating)		DATE	<u> </u>	
12.		VD DIRECTORS		13.		1 1 1 1 1	ADDITIONS/CHANGES T				
TITLE	PD CAPTED SIDNEY W		DELETE	1.1 TITL		Vis	E PRESIDONT	VD	' ☐ Chang		
NAME Street address	CARTER, SIDNEY W 141 WEST CENTRAL AVENUE	SUITE		1.2 NAM		.   .	AGE, SMITH		SU178	-9	
CITY-ST-ZIP	WINTER HAVEN FL 33880	., 00/12 0			:E1 ADORESS - S1-ZIP	9 74	NAMES SMITH	ヘレロ	NE 4 33	2880	
TITLE	STD		DELETE	2.1 TITL		1		,,,,,,	Chang	ge Addition	
NAME	SMITH, BARBARA A			22 NAM	IE						
STREET ADDRESS	141 WEST CENTRAL AVENUE	, SUITE 9		23 STRI	ET ADDRESS	s į					
CITY-ST-ZIP	WINTER HAVEN FL 33880		T SELEC		Y-ST-71P				<del></del>		
TITLE			DELETE	3.1 7/11					Chang	ge Addition	
NAME Street address				3.2 NAM							
CITY-ST-ZIP					EET ADDRESS Y-ST-ZIP	<b>`</b>					
TITLE	h		DELETE	4.1 TITL					Chang	ge Addition	
NAME				4. 2 NAI	ΛE						
STREET ADDRESS				4.3 STH	ET ADDRESS	s					
CITY-ST-ZIP				4.4 CHY	- \$1 - ZIP						
TITLE			DELETE	5.1 1ITL		1			Chang	je 🔲 Addition	
NAME				5.2 NAN							
STREET ADDRESS				· ·	EET ADDRESS	S					
CITY-ST-ZIP TITLE			DELETE	5.4 CITY 6.1 TITL	- \$1 - ZIP				Chang	e Addition	
NAME			vection	6.2 NAM	-					20 Modition	
STREET ADDRESS				E	ELT ADDRESS	s				ł	
CITY-ST-ZIP					'- \$1 - ZIP	-					
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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 annual report or supplemental annual report is true and accurate and that my signature shall have the same logal 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 changes or on an attachmy if with an address.