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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000075232

1. Corporation Name

COMPLE	EX ENGINEERING, INC.				
Principal Place	e of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·	1 (\$3)\$\$31 110 13138 31(1) 30(1) 83(1) 90(1) 9	n igg h ûndt f igi n 14000 hişta 1101 h ab i
14605 49TH ST	REET NORTH UNIT 19	14605 49TH ST N.			
UNIT 21 UNIT 21			DO NOT WRITE IN T	LIE SDACE	
CLEARWATER FL 34620 CLEARWATER FL 34620 US US			DO NOT WRITE IN T 3. Date Incorporated or Qualifed	nis space	
03		03		09/06/1996	
2 Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	add of Bullings	26		59-3399966	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certifcate of Status Desired	Fee Required
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current yea	
24	25		30	Personal Property Tax. 10. Name and Address of New Register	Yes No
-	9. Name and Address of Curi	rent Registered Agent	81 Name	10. Harrie and Address of New Nograte	
JANS	SEN, SHARI S ESQ				
i	NORTH WASHINGTON BLVD	•	82 Street Add	ress (P.O. Box Number is Not Acceptable)	
SAR	ASOTA FL 34236		83		
			84 City	ſ	Zip Code
			- the observed some	poration submits this statement for the purpose	e of changing its registered
11. Pursuant	to the provisions of Sections 607.0)502 and 607.1508, Florida Statute	es, the above-hamed corp	poration submits this statement for the purpos	o or
office or r	registered agent, or both, in the Sta	ite of Florida. Such change was a	uthorized by the corporati	on's board of directors. I hereby accept the ap	ppointment as registered
office or r agent. I a	to the provisions of Sections 607.0 registered agent, or both, in the Sta im familiar with, and accept the obli	ite of Florida. Such change was a	uthorized by the corporati	on's board of directors. I hereby accept the ap	opointment as registered
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14. 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 legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted 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, open an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP