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

## PROFIT CORPORATION **ANNUAL REPORT**

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State

## **FILED** May 06 1998 8:00am Secretary of State

,	1998	DIVISION OF	CORPORATIONS	) Scorciary	of State
L	MENT # P9600 NGINEERING, INC.	0087166 (0	)		
					HARRIER CONTROL CONTROL CONTROL
Principal Place	e of Business	Mailing Address		{	TENNY JOHAN WALL BULLE BANK HADI
UNIT 4, STE. 1, 1600 N. FEDERAL HWY. UNIT 4, STE. 1, 1600 N. FEDERAL HWY.					
BOYNTON BEACH FL 33435 BOYNTON BEACH FL 33435				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
A 0				10/22/1996	
2. Principal P	lace of Business	2a. Mailing Address 26		4. FEI Number 65-0705534	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		6. Certificate of Status Desired	Fee Required
City & State	в	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	B. This corporation owes or has paid the	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9, Name and Address of Curre	ent Registered Agent	61 Name	10. Name and Address of New Register	ed Agent
FILINGS, INC.					
3732 N.W. 16TH STREET FT. LAUDERDALE FL 33311-4132  82 Street Add 83				ress (P.O. Box Number is Not Acceptable)	
			84 City		85 Zip Code
					<b>L</b>     '
11. Pursuant i	to the provisions of Sections 607.05 egistered agent, or both, in the Stat	02 and 607.1508, Florida Stat e of Florida. Such change wa	utes, the above-named corp s authorized by the corporat	poration submits this statement for the purposition's board of directors. I hereby accept the a	e of changing its registered   appointment as registered
	m familiar with, and accept the obliq	gations of, Section 607.0505, I	Florida Statutes		
SIGNATURE	Signature, typed or printed name of registered ac	gent and lifte if applicable (No	OTF: Registered Agent signature requir	red when reinstating) DATI	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D ELODES MAN	☐ DELETE	1.1 TITLE		Change Addition
NAME STREET ADDRESS	FLORES, IVAN   UNIT 4, STE. 1, 1600 N. FEDERAL HWY.		1.2 NAME 1.3 STREET ADDRESS		ł
CITY-SI-ZIP	BOYNTON BEACH FL 33435		1.4 CITY-ST-ZIP		
TITLE		DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		ļ
CITY-ST-ZIP TITLE		I DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE	<u></u>	Change Addition
NAME		EJ becere	3.2 NAME		Ell change Ell Addition
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		L DELETE	41 TITLE		Change Addition
NAME STREET ADDRESS			4. 2 NAME 4.3 STREET ADDRESS		Í
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE	·	☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME		LJ UELETE	6 1 TIFLE 6.2 NAME		☐ CHANGE ☐ MODITION
STREET ADDRESS			6.3 STREET ADDRESS		
CiTY-ST-ZIP			6.4 CITY-ST-ZIP		
	ertify that the information supplied	with this filing does not qualify		Section 119.07(3)(i), Florida Statutes, Lfurther	certify that the information

I nereby 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 apport 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 deporation 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