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

PROFIT **CORPORATION** ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000094707 (2)

MAI ENGINEERING CONSTRUCTION SERVICES, INC.

FILED Feb 16 1998 8:00am Secretary of State



Principal Place	of Business HAVEN AVE STE. 105	Mailing Address	VE., STE, 105	
MELBOURNE		MELBOURNE FL 32901		DO NOT WRITE IN THIS SPACE
)				3. Date Incorporated or Qualified
				11/15/1996
└	ace of Business	2a. Mailing Address		4. FEI Number Applied For S9-3477898 Not Applied For
21 Suite, Apt #, etc		Suite, Apt #, etc.		SR 75 Additional
├ ┐		27		5. Certificate of Status Desired Fee Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be
23		28	т	Trust Fund Contribution Added to Fees
Zip	Country	Z _{(P})	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24	[25] 9. Name and Address of Cu	[29] rrent Registered Agent	30	10. Name and Address of New Registered Agent
ME	NZEL, DAVID T	· · · · · · · · · · · · · · · · · · ·	81 Name	
	O W. NEW HAVEN AVE., ST	E. 105	82 Street	Address (P.O. Box Number is Not Acceptable)
MELBOURNE FL 32901				Address (F.C. Box Harrison to Hot Accoptable)
			83	
			84 City	85 Zip Code
dd Dysguant to	a the previous of Contant CO7	OF DO and COZ 1509 Florido Statu	too the above paged	corporation submits this statement for the purpose of changing its register
agent. I an SIGNATURE	ignation agent, or both, in the son familiar with, and accept the of	oligations of, Section 607.0505, Fl	authorized by the corporate Statutes. It: Registered Agont signature	poration's board of directors. I hereby accept the appointment as registered
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D 3,	☐ DELETE	1.1 TITLE	Change Addi
NAME	MENZEL, DAVID T		1.2 NAME	
STREET ADDRESS	1990 W. NEW HAVEN AV	E., STE. 105	1.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32901	DELETE	1.4 CITY-ST-ZIP	Change Addit
TITLE NAME			2.1 TITLE 2.2 NAME	(
STREET ADDRESS			2.3 STREET ADDRESS	<i>y</i>
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		DELETE	3.1 TITLE	Change Addii
NAME			3.2 NAME	
STREET ADORESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			34. CITY-ST-ZIP	The state of the s
TITLE		☐ DELETE	41 TITLE	Change Addit
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	Change Addii
NAME		<u></u>	5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
City-SI-ZIP			54 CITY-ST-ZIP	
TITLE		DELFTE	6.1 TITLE	Change Addit
NAME			6.2 NAME	
STREET ADDRESS			6 3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	
	ortify that the information supplie	d with this filing cloes not a latify f		ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information

to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE: