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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000094707

MAI ENGINEERING CONSTRUCTION SERVICES, INC.

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90081 037 ***150.00



Principal Place	e of Business	Mailing Address				
1990 W. NEW I	HAVEN AVE., STE. TOS	-1990 W. NEW HAVEN AVE.	STE. 10 5			
MELBOURNE F	L- 32901	MELBOURNE FL -32901		DO NOT WRITE IN T	THIS SPACE	
				3. Date Incorporated or Qualifed		
				11/15/1996		Ì
2 Principal P	dace of Business	2a. Mailing Address		4. FEI Number	Applied Fo	or
2. Fillicipal F	1. HARBOR CITY BLV		OR CTTY BU	**	Not Applic	
Suite, Apt.		26 Suite, Apt. #, etc.	CK 001 [CS	_	\$8.75 Addition	
	_	27 SUITE LO	\sim	5. Certifcate of Status Desired	Fee Required	-
City & Stat		City & State	<u> </u>	6. Election Campaign Financing	\$5.00 May Be	
	COURSIE . A	28 MEUBOUR	NE PL	Trust Fund Contribution	Added to Fees	١.
23 <u>7 C C C</u>	Country	Zip	Country	8. This corporation owes the current year	r Intangible	\neg
329	35 25		50	Personal Property Tax.	☐ Yes ☐ No	
24 721	9. Name and Address of Curre		, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	10. Name and Address of New Registe	red Agent	
	5. Hallie and Addition of Salve		81 Name			
MEN	izel, david t			TO B. N. T. L. N. L. C. L.		
	-W. NEW HAVEN AVE., STE. 10	95-	82 Street A	Address (P.O. Box Number is Not Acceptable) N. HARROP CITY RU	0	Ì
	BOURNE FL 32901-		83 _	N. HANDOR CITY DOS		
11122	DOG!!!!E ! E GESS!		Sur	TE 100		
			84 City	2 710. Y	FL 85 Zip Code 2293	-
			MEL			rod
office or r	egistered agent or both in the State	of Florida, Such change was aut	thorized by the corbo	corporation submits this statement for the purpos ration's board of directors. I hereby accept the a	ppointment as registered	i ii
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Florid	da Statutes.			
SIGNATURE						- 1
	Signature, typed or printed name of registered age		Registered Agent signature re	quired when reinstating) DAT ADDITIONS/CHANGES TO OFFICER:		12
12.		ND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICER		ddition
TITLE	D	C) DELETE	1.1 TITLE		[] 4) tal. 194	
NAME	MENZEL, DAVID T		1.2 NAME	KO 11 HADDO OTTO BLAD	Sums IOO	Ì
STREET ADDRESS	1990 W. NEW HAVEN AVE., S	H E. 18 5	1.3 STREET ADDRESS	IS2 W. HARBOR CITY BUR, MELBOURNE, FIL.	7107	
CITY-ST-ZIP	MELBOURNE FL 92901	C DELETE		MELBOURNE, A.		ddition
TITLE		☐ DELETE	2.1 TITLE		□ change □ A	danion
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2. 4 CITY-ST-ZIP			188
TITLE		☐ DELETE	3.1 TITLE		Change A	ddition
NAME			32 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			1
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4,1 TITLE		☐ Change ☐ A	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
			4.4 CITY-ST-ZIP			}
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ A	Addition
NAME			5.2 NAME			1
			5.3 STREET ADDRESS			ļ
STREET ADDRESS			5.4 CITY-ST-ZIP			
CITY-ST-ZIP			6.1 TITLE		☐ Change ☐ A	Addition
TITLE		- AFTER	6.2 NAME		_ , _	
NAME			6.3 STREET ADDRESS			ļ
STREET ADDRESS		\sim				j
CITY-ST-ZIP	1	/ \	6.4 CITY-ST-ZIP			ļ

14. I 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 supplier ental 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 of 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 of an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR