Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

P97000007756 1. Corporation Name ELL-CEE ENGINEERING, INC.

DOCUMENT #

Feb 17, 1999 8:00 am Secretary of State

02-17-1999 90023 026 ***150.00



						_	131)	
Principal Plac	e of Business	Mailing Address						0 0 0 111 0 0 111 1 1 0 0 1
16857 88TH RD., N. 16857 88TH RD., N.								
LOXAHATCHEE FL 33470 LOXAHATCHEE FL 33470								
						DO NOT WRITE IN	THIS SPACE	
						3. Date Incorporated or Qualifed	•	
-						01/27/1997	-	
Principal Place of Business 2a. Mailing Address						4. FEI Number	. A	pplied For
21						65-0736054	l N	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired		Additional
22						5. Certificate of Status Desired	Fee R	equired
City & State City & State						6. Election Campaign Financing	\$5.00	May Be
28						Trust Fund Contribution		to Fees
Zip Country Zip			Coun	Country		8. This corporation owes the current year	ar Intangible	
24	25 29		30	30		Personal Property Tax.		
	9. Name and Address of Curren					10. Name and Address of New Registe	red Agent	
		<u> </u>	1	B1	Name			
FILINGS, INC.					O CO D D D D D D D D D D D D D D D D D D			
3732 N.W. 16TH STREET			1	B2 :	Street Addres	eet Address (P.O. Box Number is Not Acceptable)		
FT. LAUDERDALE FL 33311-4132			1	83	~		18-7 1 2 12 G/E A	\$199 \ \$25 BB*
			[1 11 11 11
			[8	84	City	— — — — — — — — — — — — — — — — — — —	E 85 Zip	Code " '
·		10 1007 4500 Ft 11 Ot-1	A 4 1			tion out with this statement for the purpose	F L	a raniatarad
11. Pursuant	to the provisions of Sections 607.050 registered agent, or both, in the State	of Florida, Such change was	ites, the abo authorized l	ove-r by the	amed corpor e corporation	ration submits this statement for the purpor n's board of directors. I hereby accept the a	ppointment as r	egistered
agent. I a	im familia with, and accept the oblige	itions Section 607.0505, Flo	orida Statut	es.		ration submits this statement for the purpor i's board of directors. I hereby accept the a	20	
SIGNATURE	Nouveux 2. (6	rday				(-27-	רו	
	orginature, typed or printed name of registered agei		i	gent si	ignature required	when reinstating) DA1		000 111 40
12.	·- <u>-</u> - · · · - — — — — — — — — — — — — — — — — — — —	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICER	Change	Addition
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NAME	CORDAY, LAWRENCE E		1.2 NAM	_		•	•	
STREET ADDRESS			1.3 STR	EET AL	DORESS	•		· · · · · · · · · · · · · · · · · · ·
CITY-ST-ZIP	LOXAHATCHEE FL 33470	·	1.4 CITY	/-ST-Z	IP			
TITLE .		☐ DELETE	2.1 TITL	E			Change	Addition
NAME			, 2.2 NAM	4E	,	f		
STREET ADDRESS		•	2.3 STR	EET AL	DDRESS	‡	•	
CITY-ST-ZIP			2. 4 CIT	Y-\$T-2	ZIP	<u></u>		
TITLE		☐ DELETE	3.1 TITL	E.			☐ Change	Addition
NAME .		•	3.2 NAM	Æ		•		
STREET ADDRESS			3.3 STR	EET AD	ODRESS	e town of the state of		artura e con
CITY-ST-ZIP			3.4. CIT			大工 建二烷基酚		
TITLE		☐ DELETE	4.1 TITL			FT 1 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Change	Addition
NAME			4. 2 NA		1			
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STREET ADDRESS		•						
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NAME					nnpsee			
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CITY-ST-ZIP					!	* ** ·		ı
			5.4 CITY		UP		. Charte	- Addition
TITLE	S'.	☐ DELETE	6.1 TITL	E	SIP		Change	Addition
NAME		☐ DELETE	6.1 TITL 6.2 NAM	E Æ	ODRESS :		Change	☐ Addition

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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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, on an attachment with an address with all other like empowered.

6.4 CITY-ST-ZIP