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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000029807

CHAMBERLAIN ENGINEERING & CONSULTING, INC.

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Principal Plac	ce of Business	Mailing Address		I COMPTION THE TOTAL SENSON MUCH MAINE MAIN	1 02 31 0 11 010 1 010 (68 111 (841 (46)
160 THORNTÓ	N DRIVE	160 THORNTON DRIVE			. ,	
PALM BEACH	GARDENS FL 33418-8087	PALM BEACH GARDENS FL	. 33418-8087			
1				DO NOT WRITE IN	THIS SPACE	
ł				3. Date Incorporated or Qualifed 03/31/1997		
2 Principal E	Place of Business	2a. Mailing Address		4. FEI Number	· · · · · · · · · · · · · · · · · · ·	-lied Eas
⊢	- lace of Business	2a. Walling Address		65-0736914	 	plied For t Applicable
Suite, Apt.	# etc.	Suite, Apt. #, etc.		05 07 509 14	\$8.75 A	
22		27		5. Certificate of Status Desired	Fee Re	
City & Sta	ite	City & State		6. Election Campaign Financing	\$5.00	.
23		28		Trust Fund Contribution	Added to	•
Zip	Country	Zip	Country	8. This corporation owes the current ye		
24	25	29	30	Personal Property Tax.		□No
	9. Name and Address of Curren			10. Name and Address of New Regist	ered Agent	
	and the state of t	Carlo III	81 Name			
CHA	AMBERLAIN, WILLIAM JR.	ेक्स्ट्रेस्ट रहा १ वर्ष	82 Street Add	ress (P.O. Box Number is Not Acceptable)		
160	THORNTON DRIVE	en de de la companya	Jureel Add	At which the rest of the secondary	and the second of the second	es resetss
PAL	M BEACH GARDENS FL 33418-8	087	83	(4) 名詞 (およけな) (4)	Sur Holling	
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11. Pursuant	to the provisions of Sections 607.050	2 and 607,1508, Florida Statute	s, the above-named corp	poration submits this statement for the purpo	se of changing its	registered
office or i	registered agent, or both, in the State of am familiar with, and accept the obligat	or Florida. Such change was at	ithorized by the corporati	on's board of directors. I hereby accept the	appointment as reç	gisterea
ı aqent. ⊩a	ani fantisiai with, and accept the obligat	tions of, Section 607.0505, Fior	ida Statutes.			
, -		tions of, Section 607.0505, Flor	ida Statutes.			
agent. I a	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE:	ida Statutes. Registered Agent signature require	ed when reinstating) DA	TE	
SIGNÁTURE	Signature, typed or printed name of registered agen OFFICERS AN	nt and title if applicable. (NOTE:	Registered Agent signature require	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	
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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 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 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

FILED

Jan 21, 1999 8:00am

Secretary of State 01-21-1999 90053 012 ***150.00

561-627-5429

CR2E034 (11/98)