

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

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90011 003 ***150.00

DOCUMENT # P97000031436

1. Corporation Name

COMPUTATIONAL ENGINEERING TECHNOLOGIES, INC.

Principal Place of Business

1059 WILLA LAKE CIRCLE
OVIEDO FL 32765

Mailing Address

1059 WILLA LAKE CIRCLE
OVIEDO FL 32765

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/07/1997

4. FEI Number

59-3440199

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

9. Name and Address of Current Registered Agent

CAMPBELL, JOHN M
110 UNIVERSITY PARK DRIVE
STE 115
WINTER PARK FL 32792

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPT ☐ DELETE

NAME KASSAB, ALAIN (B)
STREET ADDRESS 1059 WILLA LAKE CIRCLE
CITY-ST-ZIP OVIEDO FL 32765

TITLE DS ☐ DELETE

NAME KASSAB, LINDA (B)
STREET ADDRESS 1059 WILLA LAKE CIRCLE
CITY-ST-ZIP OVIEDO FL 32765

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director, President, Treasurer ☐ Change ☒ Addition

1.2 NAME KASSAB, ALAIN
1.3 STREET ADDRESS 1059 WILLA LAKE CIRCLE
1.4 CITY-ST-ZIP OVIEDO, FL. 32765

2.1 TITLE Director, Secretary ☒ Change ☐ Addition

2.2 NAME KASSAB, LINDA
2.3 STREET ADDRESS 1059 WILLA LAKE CIRCLE
2.4 CITY-ST-ZIP OVIEDO, FLORIDA 32765

3.1 TITLE Vice President for Research ☐ Change ☒ Addition

3.2 NAME Eduardo Divo
3.3 STREET ADDRESS 2809 Hunters Lane
3.4 CITY-ST-ZIP OVIEDO, FL. 32766

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.

SIGNATURE: Alain J. Kassab, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/1999 (407) 366 2809

CR2E034 (11/98)