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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000041709 (1)

ENGIN	NEERING ALTERNATIVES,	INC.	•	A HABANADA DIO ABHIT IBANIA BANIA BANIA BANIA BANIA	THE BEIDE WHICH TERM DOWN TOUR LEADY
Dringing) Plac	no of Business	Mailing Address		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	##
Principal Place of Business Mailing Address			M. IP		
8211 SHADY OAK DRIVE 6211 SHADY OAK D JACKSONVILLE FL 3227-7 JACKSONVILLE FL 3					
		***************************************		DO NOT WRITE IN THIS SPACE	
				 Date Incorporated or Qualified 05/07/1997 	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3443603	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Sta	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23	_	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	current year Intangible
24	25	29	30	Personal Property Tax due June 30.	Yes 🔀 No
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Registe	red Agent
	RAUT, BRIAN J		B1 Name		
6211 \$ HADY OAK DRIVE Jack \$O nville FL 3227-7			82 Street	Address (P.O. Box Number is Not Acceptable)	
			<u> </u>		
			83		
			84 City		85 Zip Code
				corporation submits this statement for the purpo	 -
agent. I a	am familiar with, and accept the obl		Florida Statules.	poration's board of directors. I hereby accept the required when reinslating)	
12.	OFFICERS A	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE		DELETE	1.1 TITLE	(RESIDENT	☐ Change ☑ Addition
NAME			1.2 NAME	BRIAN KAAUT	
STREET ADDRESS			1.3 STREET ADDRESS	GAIL SHADY DAK DRIVE	
CITY-ST-ZIP	_	_	1.4 City-St-ZiP	JACKSONVILLE, FL 3 237)	
TITLE		DELETE	2.1 1/11.€	•	☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY - ST - ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADORESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		···
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		<u> </u>	4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	<u></u>	· · · · · · · · · · · · · · · · · · ·	5.4 CITY-ST-ZIP		
TITLE	1	☐ DEL e te	6.1 TITLE		☐ Change ☐ Addition

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)(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 oath; that I am an officer or director of the corporation or the receiver or trusted 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.

6.2 NAME 6.3 STREET ADDRESS

TITLE

NAME

STREET ADDRESS

FILED

May 15 1998 8:00am

Secretary of State