

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 # **P97000042910 (4)**  
1. Corporation Name  
**ENGINEERING & COMPUTER SIMULATIONS, INC.**

Principal Place of Business  
**7616 SOUTHLAND BLVD.  
SUITE 108  
ORLANDO FL**

Mailing Address  
**7616 SOUTHLAND BLVD.  
SUITE 108  
ORLANDO FL**

Doc  
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A/P  
Doc

FILED  
Apr 28 1998 8:00am  
Secretary of State



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/09/1997</b>	
21 <b>5757 Blue Lagoon Drive</b>		26 <b>5757 Blue Lagoon Drive</b>		4. FEI Number <b>65-9775610</b>	
Suite, Apt. #, etc. 22 <b>Suite 110</b>		Suite, Apt. #, etc. 27 <b>Suite 110</b>		Applied For <input type="checkbox"/> Not Applicable	
City & State 23 <b>Miami, Florida</b>		City & State 28 <b>Miami, Florida</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip 24 <b>33126</b>		Zip 29 <b>33126</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country 25 <b>USA</b>		Country 30 <b>USA</b>		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ARMSTRONG, WAYMON  
7616 SOUTHLAND BLVD.  
SUITE 108  
ORLANDO FL**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) <b>5757 Blue Lagoon Drive</b>
83 <b>Suite 110</b>
84 City <b>Miami,</b>
85 Zip Code <b>FL 33126</b>

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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

4/2/98

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PARKER, M J</b>	1.2 NAME	
STREET ADDRESS	<b>7616 SOUTHLAND BLVD. SUITE 108</b>	1.3 STREET ADDRESS	<b>5757 Blue Lagoon Drive, Suite 110</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>	1.4 CITY-ST-ZIP	<b>Miami, Florida 33126</b>
TITLE	<b>D</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ARMSTRONG, WAYMON</b>	2.2 NAME	
STREET ADDRESS	<b>7616 SOUTHLAND BLVD. SUITE 108</b>	2.3 STREET ADDRESS	<b>5757 Blue Lagoon Drive, Suite 110</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>	2.4 CITY-ST-ZIP	<b>Miami, Florida 33126</b>
TITLE	<b>D</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JAMESON, BRIAN</b>	3.2 NAME	
STREET ADDRESS	<b>7616 SOUTHLAND BLVD. SUITE 108</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HICHBORN, ROBERT</b>	4.2 NAME	
STREET ADDRESS	<b>7616 SOUTHLAND BLVD. SUITE 108</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL</b>	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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.

SIGNATURE:

*[Signature]*

*[Signature]*

4/2/98

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