

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 18 1998 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1998

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000064253 (2)  
1. Corporation Name  
UNITED CONTRACTORS & ENGINEERING CORP.



Principal Place of Business  
7630 NW 11TH PLACE  
FT. LAUDERDALE FL 33322

Mailing Address  
7630 NW 11TH PLACE  
FT. LAUDERDALE FL 33322

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 2452 E. SUNRISE BL		26 2452 E. SUNRISE BL		07/23/1997	
Suite, Apt. #, etc. #502		Suite, Apt. #, etc. #502		4. FEI Number	
22 Fort Land FL		27		65-0768694	
City & State		City & State		Applied For	
23 33304		28 Ft. Land FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
Country		Country		X \$8.75 Additional Fee Required	
25 USA		30 USA		6. Election Campaign Financing	
				Trust Fund Contribution	
				7. This corporation owes or has paid the current year Intangible	
				Personal Property Tax due June 30.	
				Yes No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SMITH, KIMBERLY		81 Name	
7630 NW 11TH PLACE		82 Street Address (P.O. Box Number is Not Acceptable)	
FT. LAUDERDALE FL 33322		4292 Diamond Terrace	
		83	
		84 City Weston	
		FL	
		85 Zip Code 33331	

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 Kimberly Smith  
Signature, typed or printed name of registered agent and title if applicable  
(NOTE: Registered Agent signature required when reinstating)  
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DELETE	1.1 TITLE	PRESIDENT
NAME		1.2 NAME	KIMBERLY SMITH
STREET ADDRESS		1.3 STREET ADDRESS	4292 DIAMOND TERRACE
CITY-ST-ZIP		1.4 CITY-ST-ZIP	WESTON, FL 33331
TITLE	DELETE	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	DELETE	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	DELETE	6.1 TITLE	
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  
9/18/98  
DEP. \$558.75

CR2E034 (5/98)

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0085146

**PROFIT CORPORATION**  
**ANNUAL REPORT**  
**1998**

**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P97000064253 (2)**  
1. Corporation Name  
**UNITED CONTRACTORS & ENGINEERING CORP.**



Principal Place of Business  
**7630 NW 11TH PLACE  
FT. LAUDERDALE FL 33322**

Mailing Address  
**7630 NW 11TH PLACE  
FT. LAUDERDALE FL 33322**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 <b>7630 NW 11TH PLACE</b>		26 <b>7630 NW 11TH PLACE</b>		07/23/1997	
Suite, Apt. #, etc. <b>#502</b>		Suite, Apt. #, etc. <b>#502</b>		4. FEI Number	
22 <b>Fort Lauderdale FL</b>		27 <b>Fort Lauderdale FL</b>		65-0768694	
23 <b>33304</b>		28 <b>33304</b>		Applied For	
Zip		Zip		Not Applicable	
Country		Country		5. Certificate of Status Desired	
25 <b>USA</b>		30 <b>USA</b>		<input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
SMITH, KIMBERLY 7630 NW 11TH PLACE FT. LAUDERDALE FL 33322				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83 <b>4292 DIAMOND TERRACE</b>	
				84 City	
				<b>Weston FL</b>	
				85 Zip Code	
				<b>33331</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 Kimberly Smith (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	<b>PRESIDENT</b>
STREET ADDRESS		1.3 STREET ADDRESS	<b>KIMBERLY SMITH</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<b>4292 DIAMOND TERRACE</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<b>WESTON, FL 33331</b>
NAME		2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 Kimberly Smith DATE 9/18/98 DEP. \$558.75

CR2E034 (5/98)