## 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

P97000072978 (4)

VIRTUA	IL ENGINEERING SERVICE	S, INC.			
Principal Place	e of Business	Mailing Address		- I LUGILION ELD FOEIL COURT CONFL CONTR TOTAL CUELL	18818 14818 18111 18 <del>0</del> 01 1814 1881
7004 MARINA	DR.	7004 MARINA DR.			
HOLMES BEACH FL 34217-1121 HOLMES BEA		HOLMES BEACH FL 3421	7-1121	DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				08/22/1997	
2. Principal Place of Business 2a. Mailing Address		2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0775037	Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		27			Fee Required
· · ·		City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	7 <sub>(P)</sub>	Country	Trust Fund Contribution	Added to Fees
24	25	<b>├</b> ─¬ '	30	This corporation owes or has paid the Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre			10. Name and Address of New Registere	
BO	BR <b>e</b> k, Pavlo		81 Name		
7004 MARINA DR.			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
HOLMES BEACH FL 34217-1121			on out rise.	- Contramon is the recording	
			83		
			84 City	_	85 Zip Code
					<u>'L                                     </u>
nffice or n	egistered agent, or both, in the Stat	e of Florida. Such change was a	authorized by the corporati	oration submits this statement for the purposion's board of directors. I hereby accept the a	of changing its registered
agent I a	m familiar with, and accept the obli	gations of, Section 607.0505, Fic	orida Statutes.		
SIGNATURE	PARTIES AND ADDRESS OF THE PARTIES AND ADDRESS O		- <del> </del>		
12.	Signature, typed or printed name of registered a OFFICERS AI	ND DIRECTORS	Registered Agent signature require 13.	ed when reinslating) DATE ADDITIONS/CHANGES TO OFFICERS A	
TITLE	DP	DELETE	1.1 TITLE		Change Addition
NAME	BOBREK, PAVLO		1.2 NAME		
STREET ADDRESS	7004 MARINA DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	HOLMES BEACH FL 34217-	1121	1.4 CITY-ST-ZIP		
TITLE	•	☐ DELETE	2.1 TIFLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-S1-ZIP	**************************************	
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		İ
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP		☐ Change ☐ Addition
NAME			4.1 HILE 4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		-
TITLE	<del></del>	DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 City-St-ZiP		
TITLE		DELETE	6.1 TITL€		Change Addition
NAME			6.2 NAME		
STREET ADORESS			6.3 STREET ADDRESS		
			- 1		

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 supplier ental 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.

04/28/88

**FILED** 

May 18 1998 8:00am

Secretary of State