

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

FILED  
Apr 27 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 # P97000079806 (0)

1. Corporation Name  
D & V ENGINEERING INC.

Principal Place of Business  
POST OFFICE BOX 245231  
PEMBROKE PINES FL 33024

Mailing Address  
POST OFFICE BOX 245231  
PEMBROKE PINES FL 33024



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
09/15/1997

2. Principal Place of Business  
21 P.O. Box 245-231  
Suite, Apt. #, etc.  
22  
City & State  
23 Pembroke Pines, FL  
Zip  
24 33024  
Country  
25  
2a. Mailing Address  
26 P.O. Box 245 231  
Suite, Apt. #, etc.  
27  
City & State  
28 Pembroke Pines, FL  
Zip  
29 33024  
Country  
30

4. FEI Number  
65-0793371  
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  
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

8. Name and Address of Current Registered Agent  
CLAIRMONT, VINCENT  
6609 BOXWOOD DRIVE  
MIRAMAR FL 33023

10. Name and Address of New Registered Agent  
61 Name VINCENT CLAIRMONT  
62 Street Address (P.O. Box Number is Not Acceptable) 6609 Boxwood Dr.  
63 MIRAMAR  
64 City FL 65 Zip Code 33023

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 VINCENT CLAIRMONT Vincent Clairmont 4-20-98  
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 ☐ DELETE  
NAME President  
STREET ADDRESS VINCENT CLAIRMONT  
CITY-ST-ZIP 6609 Boxwood Dr. MIRAMAR FL 33023  
TITLE ☐ DELETE  
NAME PAM Director/Secretary  
STREET ADDRESS PAMELA CLAIRMONT  
CITY-ST-ZIP 6609 Boxwood Dr. MIRAMAR FL 33023  
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 ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
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)(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: Vincent Clairmont 4-20-98

CR2E034 (10/97)