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PROFIT CORLORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B, Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # P9700085996 (1)

FIRST UNION DESIGNERS, ENGINEERS & CONSULTANTS I NC.

Principal Place of Business

2625 STATE ROAD 590. UNIT 1024 CLEARWATER FL 34619 Mailing Address

2625 STATE ROAD 590. UNIT 1024 CLEARWATER FL 34619

FILED May 15 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/03/1997 # 1014 2a. Mailing Address 52-2094396 **EEI Number** 2. Principal Place of Business Applied For State Had 2625 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 Trust Fund Contribution 8. This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent DI MARCO, GIUSEPPE 2625 STATE ROAD 590, UNIT 1024 82 Street Address (P.O. Box Number is Not Acceptable) CLEARWATER FL 34619 83 84 City Zip Code 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 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 change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with an accept the change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with a corporation accept the appointment as registered agent. I am familiar with a corporation accept the appointment as registered agent. I am familiar with a corporation accept the appointment as registered agent. I am familiar with a corporation accept the appointment as registered agent. I am familiar with a corporation accept the appointment as registered agent. I am familiar with a corporation accept the appointment as registered agent. I am familiar with a corporation accept the appointment as registered agent. I am familiar with a corporation accept the appointment as registered agent. I am familiar with a corporation accept the appointment as registered agent. I am familiar with a corporation accept the appointment as registered agent. I am familiar with a corporation accept the appointment as registered agent. I am familiar with a corporation accept the appointment as registered agent. I am familiar with a corporation accept the appointment as registered agent. I am familiar with a corporation accept the appointment as registered agent. I am familiar with a corporation accept the appointment as registered agent. I am familiar with a corporation accept the appointment accept the accept the a Registered Agent signature required when reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change Addition NAME 1.2 NAME 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY - \$1 - ZIP CITY-ST-ZIP Change 2.1 TITLE Addition TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 City - \$1 - ZIP DELETE Addition Change TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE Change 4.1 TITLE ___ Addition TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE

14. Thereby certify that the information supplied with this filling 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 from 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-of the receiver of trustoe opposed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, of on an attachment with an original.

6.2 NAME

63 STREET ADDRESS

CIGNATURE: / M//A// WWW

NAME

STREET ADDRESS

CITY-ST-ZIP