PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000090442

HOCUS POCUS ENGINEERING, INC.

Principal Place of Business

Mailing Address

May 08, 1999 8:00 am Secretary of State

05-08-1999 90046 027 ***150.00



MIDDLEBURG FL 32068		2667 POINSETTIA AVE. MIDDLEBURG FL 32068			DO NOT WOLLD IN TH	UO ODAOE	•	
•					DO NOT WRITE IN TH	IS SPACE		
					 Date Incorporated or Qualifed 10/20/1997 			
Principal Place of Business 2a. Mailing Address					4. FEI Number		Applied For	
21	21 26			59-3475071			Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required			
City & Sta	ate	City & State			6. Election Campaign Financing Trust Fund Contribution		00 May Be	
Zip	Country 25	Zip 29 3	Country		This corporation owes the current year Personal Property Tax.		Ž.	
[24]	9. Name and Address of Curi		<u> </u>		10. Name and Address of New Registers			
	5. Name and Address of Curi	ent Registered Agent	81	Name	10, februe and Address of New Adgrature	o Agoin		
WILLIAMS, TOM 1409 KINGSLEY AVE.			82	Street Address (P.O. Box Number is Not Acceptable)				
SUIT	E 1B		83					
ORA 	NGE PARK FL 32073		84	City	F	85	Zip Code	
		te of Florida. Such change was autl gations of, Section 607.0505, Florid	horized by la Statutes	the corporat	tion's board of directors. I hereby accept the app	ointment a	s registered	
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable. (NOTE: R	egistered Ager	it signature requi	red when reinstating) DATE			
12.	_ 	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRE	CTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE		ICE PRESIDENT	[] Char	nge X Addition	
NAME	SZALA, STEVE JR. 2667 POINSETTIA AVE.		1.2 NAME	J	TAMES A. H. GONYON SUI EDWARD RUTLEDGE ST DRANGE PARK, FL 32065	;		
STREET ADORESS CITY-ST-ZIP	MIDDLEBURG FL 32068		1.4 CITY-S	T-ZIP	DRANGE PARK, FL 32065	}		
TITLE		DELETE	2.1 TITLE			Char	nge 🔲 Addition	
NAME			2.2 NAME				[
STREET ADDRESS	<u>.</u>		2.3 STREET	ADDRESS			1	
	3		2.4 CITY-S				i	
TITLE	 	□ DELETE	3.1 TITLE	1-ZIP		[Char	nge	
}	}	7.00000	3.2 NAME	}				
STREET ADORESS	S		3.3 STREET	ADDRESS				
CITY-ST-ZIP	-		3.4, CITY-S	T-7IP			i	
TITLE		☐ DELETE	4.1 TITLE			Char	nge 🔲 Addition	
NAME			4, 2 NAME					
STREET ADDRESS	S S		4.3 STREET	ADDRESS				
CITY-ST-ZIP			44 CITY-S	T-ZIP				
TITLE		☐ DELETE	5.1 TITLE	}	-	☐ Char	nge 🗌 Addition	
NAME			5.2 NAME					
STREET ADDRESS	s		5.3 \$TREET	1.				
CITY-ST-ZIP	_		5.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	6.1 TITLE			☐ Char	nge Addition	
NAME	Į.		6.2 NAME				1	

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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

LINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)