Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90036 003 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000106852

1. Corporation Name

SOLUTIO	ons engineering inter	RNATIONAL, INC.						
Principal Place	e of Business	Mailing Address					1 delle elis: leiel a	1011M 1484 1MB1
2880 ILLIANA CT ORLANDO FL 32806 2880 ILLIANA CT ORLANDO FL 32806					DO	NOT WRITE IN THIS	S SPACE	
	•				3. Date Incorporated of	r Qualifed		
					01/01/1998			
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	···1		lied For
21		26			59-34829	<u> </u>		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status	Desired	\$8.75 Ac Fee Req	
City & State City & State					6. Election Campaign	Financing	\$5.00 N	vlay Be
23	. <u></u>	28			Trust Fund Contribu	ıtion	Added to	Fees
Zip	Country	Zip	Count	ry	8. This corporation ow	es the current year Ir		
24	25	29	30		Personal Property 1			□No
	9. Name and Address of Curr	ent Registered Agent	——-	M	10. Name and Addres	s of New Registered	I Agent	
DOV	MODACI		١٥	B1 Name	a			
ROY, MICHAEL J 2880 ILLIANA CT			8	32 Stree	et Address (P.O. Box Number is N	lot Acceptable)		
ORLANDO FL 32806			8	33				
			8	34 City		FI	85 Zip C	ode
office or r	to the provisions of Sections 607.0 egistered agent, or both, in the Starn familiar with, and accept the obli	te of Florida. Such change was at	uthorized t	ov the cor	d corporation submits this statem poration's board of directors. I he	ent for the purpose or ereby accept the appo	of changing its regintment as reg	registered jistered
SIGNATURE	Signature, typed or printed name of registered a	gent and title if environing (NOTE:	Panistared Ad	nent signatur	e required when reinstating)	DATE		
12.		AND DIRECTORS	13.	, and the second		ES TO OFFICERS A	ND DIRECTOR	RS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	 E			☐ Change	Addition
NAME	ROY, MICHAEL J		1.2 NAM	E,				
STREET ADDRESS	2880 ILLIANA CT		1.3 \$TRE	EET ADDRES	s			Ì
CITY-ST-ZIP	ORLANDO FL 32806		1.4 CITY	- ST- ZIP				
TITLE		DELETE	2.1 TITLE	E .			☐ Change	☐ Addition
NAME			2.2 NAM	E				
STREET ADDRESS			2.3 STRE	EET ADDRES	s			
_CITY-ST-ZIP		<u> </u>	_ 2, 4 CITY	/-ST-ZIP	A1			
TITLE		☐ DELETE	3.1 TTTL	E	,		☐ Change	☐ Addition
NAME			3.2 NAM	E				
STREET ADDRÉSS			3.3 STRE	EET ADDRES	s			,
CITY-ST-ZIP			3.4. CITY	r-ST-ZIP				
TITLE		☐ DELETE	4.1 TITLI	E			Change	☐ Addition
NAME	}		4. 2 NAM	Æ				
STREET ADDRESS			4.3 STRI	EET ADDRES	S			
CITY-ST-ZIP			_	-ST-ZIP			Change	C) Addition
TITLE		☐ DELETE	5.1 TITL				☐ Change	Addition
NAME :	,		5.2 NAM					
STREET ADDRESS	1			EET ADDRES	°			
CITY+ST-ZIP . •	· · ·	□ DELETE	5.4 CITY 6.1 TITL	-ST-ZIP			☐ Change	☐ Addition
TITLE		☐ DELETE	6.1 HL					
NAME.				EET ADDRES	28	•	' . .	i
STREET ADDRESS	1		2.0 O I N	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	~ 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 suppliemental 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 combration or the receiver of 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 chapted, of on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #