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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P98000087626

SMITH ENGINEERING CONSULTANT, TELECOMMUNICATIONS

, INC.													
Principal Place of Business Mailing Address										18 511 18 151 1	18911 HAIDT 1	#111 1 ##1# # 111	6 11910 BH1 1661
			70 FOOTMAN LANE ERRIT ISLAND FL 32952					DO NOT	WRITE	IN THIS	SPACE		
									Date Incorporated or Qua 10/12/1998	alifed			
Principal Place of Business 2a. Mailing Address									FEI Number			A	pplied For
21		26						*	59-3542	<u>07.5</u>			ot Applicable
Suite, Apt. #	#, etc.	27	Suite, Apt. #, etc.					5. (Certifcate of Status Desi	red [<u> </u>		Additional equired
City & State			City & State					6.	Election Campaign Finar	ncing _[T	May Be
23		28			<u>.</u>				Trust Fund Contribution				to Fees
Zip	Country		Zip	Cou	ntry				This corporation owes th	e current	year Inta	angible □Yes	□No
24	9. Name and Address of Curre	29		30					Personal Property Tax. Name and Address of	New Rec	istered		
	9. Name and Address of Curre	iit Kegiai	tered Agent		81	Name			· ·	,			
SMITH, CHARLES J JR					82	Stron	t Addres	e (D	O. Box Number is Not A	ccentable	»)	.	·
470 FOOTMAN LANE				Street Addi				3 (i .			-,		
MERI	RIT ISLAND FL 32952			ļ	83								į
					84	City					FL	85 Zip	Code
	to the provisions of Sections 607.05	00 4 60	07 4500 Florido Statut	on the of			d corner	ation	submits this statement for	or the nu		changing it	s registered
office or re	egistered agent or both in the State	of Florid	la. Such change was al	uthorized	י עם ו	the con	poration'	s boa	ard of directors. I hereby	accept t	he appoi	ntment as r	egistered
agent. I ar	m familiar with, and accept the obliga	ations of,	Section 607.0505, FIG.	nda Stati	Jies.								
SIGNATURE	Signature, typed or printed name of registered age	ent and title if	applicable. (NOTE	: Registered	Agent	t signature	required w	hen rea	enstating)	``	DATE		
12.	OFFICERS A	ND DIRE	CTORS	13.				Α	ADDITIONS/CHANGES T	O OFFIC	ERS AN		
TITLE	PVST		☐ DELETE	1 1 TIT	ΠE							Change	☐ Addition
NAME	SMITH, CHARLES J JR			1.2 NA	ME			•					
STREET ADDRESS	470 FOOTMAN LANE			1.3 ST	REET	ADDRES	s						
CITY-ST-ZIP	MERRIT ISLAND FL 32952			1.4 CI		-ZIP	<u> </u>					Change	☐ Addition
TITLE	D		☐ DELETE	2.1 TII								Change	☐ Addition
NAME	SMITH, CHARLES J JRR			2.2 NA			'	٠					•
STREET ADDRESS	470 FOOTMAN LANE			•		ADDRES	s					-	
CITY-ST-ZIP	MERRIT ISLAND FL 32952		□ oc: ctc	2, 4 CI		T-ZIP	 					Change	Addition
TITLE			☐ DELETE	3.1 TIT								[] Gridingo	
NAME				3.2 NA									
STREET ADDRESS						ADDRES	8						
CITY-ST-ZIP			☐ DELETE	3.4. CI 4.1 TI		T-ZIP	-					Change	☐ Addition
TITLE			DECETE	4.2 N									_
NAME						. VDDBE&							
STREET ADDRESS				4.4 CF		ADDRES	"		•				
CITY-ST-ZIP TITLE			☐ DELETE	5.1 111		"	+			···		Change	Addition
NAME				5 2 NA									
STREET ADDRESS				5.3 ST	REET	ADDRES	s						
CITY-ST-ZIP				5.4 CI	TY-\$1	T-ZIP							
TITLE			☐ DELETE	6.1 TI	TLE							Change	☐ Addition
NAME				6.2 NA	AME								
STREET ADDRESS				6.3 ST	TREET	ADDRES	s						

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 accordate 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 employered 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 air address, with all other like employered.

6.4 CITY-ST-ZIP

SIGNATURE: