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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # \$10015

1. Corporation Name

Principal Place of Business

NYE ENGINEERING CO. INC.

4020 GALT OCEAN DRIVE SUITE 606 FT LAUDERDALE FL 33308  2. Principal Place of Business 21 Suite, Apt. #, etc.		4020 GALT OCEAN DRIVE SUITE 606 FT LAUDERDALE FL 33308 US  2a. Mailing Address 26 Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed 10/23/1990  4. FEI Number 65-0229657			
City & State		City & State		6. Election Campaign Financing	\$5.00	May Be	
23 28		<u> </u>			Trust Fund Contribution	* -	to Fees
Zip	Country Zip		Country		8. This corporation owes the current ye	ar Intangible	
24	25	29 3	10		Personal Property Tax.	Yes	<b>™</b> No
<u></u> j.	9. Name and Address of Current	Registered Agent			10. Name and Address of New Regist	ered Agent	
				Name			1
NYE, DUDLEY D.			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
4020 GALT OCEAN DRIVE				0001710	,		
Suite 606 Ft Lauderdale FL 33308			83				.
			84	City		85 Zip	Code
				- 1			
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	Signature, typed or printed name of registered agent	and title if anniinable (NOTE: R	Registered Age	nt signature requi	ired when reinstating) DA	TE	—— ì
12,	OFFICERS AND		13.	organization or orqui	ADDITIONS/CHANGES TO OFFICER	RS AND DIRECT	ORS IN 12
TITLE	PD	DELETE	1.1 TITLE		N. B. H. G.	Change	
NAME	NYE, DUDLEY D.		1.2 NAME				
STREET ADDRESS	4020 GALT OCEAN DR #606		1.3 STREE	TADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 CITY-5				
TITLE	V	☐ DELETE	2.1 TITLE			☐ Change	Addition
NAME	NYE. ALFRED G III		2.2 NAME				
STREET ADDRESS	4020 GALT OCEAN DR. #606		2.3 STREE	T ADDRESS			Ì
	FT LAUDERDALE FL 33308		2. 4 CITY-				
CITY-ST-ZIP TITLE	SVD	DELETE	3.1 TITLE			- Change	. 🖸 Addition
NAME	NYE, BETTY L.		3 2 NAME				ì
STREET ADDRESS	4020 GALT OCEAN DR #606		8	T ADDRESS			İ
CITY-ST-ZIP	FT LAUDERDALE FL		3.4. CITY-	ST-ZIP			
TITLE	2V	DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME	NYE. GRACE S.		4. 2 NAME				
STREET ADDRESS	4020 GALT OCEAN DR. #606		4.3 STREE	T ADDRESS			,
CITY-ST-ZIP	FT. LAUDERDALE FL 33308		4.4 CITY-5	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		•	☐ Change	Addition
NAME			52 NAME		•		ļ
STREET ADDRESS			53 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY-5	IT-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME				

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

STREET ADDRESS

**FILED** 

Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90060 027 \*\*\*150.00

CR2E034 (11/98)