

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

0169985

PROFIT CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S36720

1. Corporation Name

SAUNDERS ENGINEERING CORP.

Principal Place of Business

4100 N. POWERLINE RD #X2
POMPANO BEACH FL 33073

Mailing Address

4100 N. POWERLINE RD #X2
POMPANO BEACH FL 33073

99 JUL 29 PM 2:21



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/11/1991

4. FEI Number

65-0264167

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax

Yes No

9. Name and Address of Current Registered Agent

POPKIN & SHURPIN, P.A.
2499 GLADES ROAD
SUITE 114
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

MAULTASCH, LISA D.
4100 N POWERLINE RD
POMPANO BEACH FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

ST
MAULTASCH, MARVIN
4100 N POWERLINE RD
POMPANO BEACH FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

PRESIDENT

MAULTASCH, CARY J.

4100 N POWERLINE RD

POMPANO BEACH, FL 33073

900002959619--5
-08/13/99--01091--012

****150.00 ****150.00

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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. On an attachment with an address, with all other like empowered.

SIGNATURE:

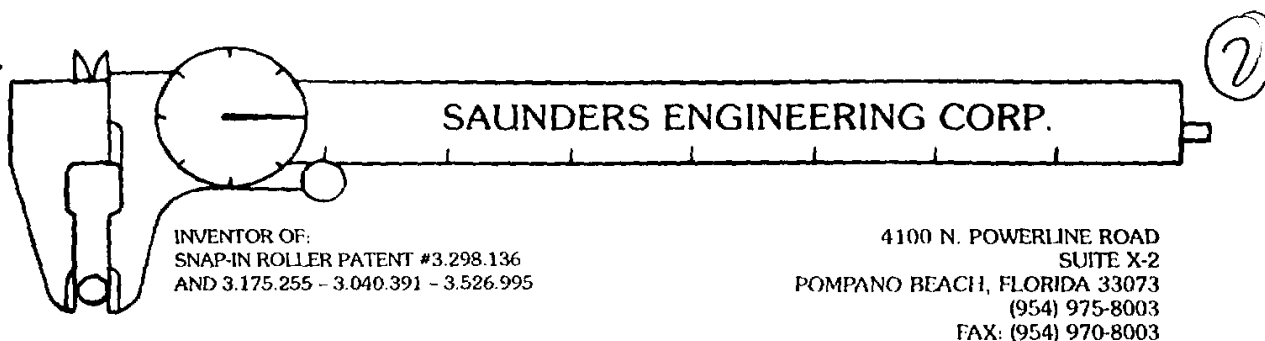
Lisa D. Maultasch

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/9/99

954-975-8003

CR2E034 (11/98)



July 9, 1999

Florida Department of State
Division of Corporations
Annual Report Filings
Post Office Box 1500
Tallahassee, Florida 32302-1500

Please accept our apologies.

Our Treasurer and Secretary, and also the father of the owner of the company, recently died after a long bout with cancer. We just found the enclosed form, and thought that he had taken care of this.

I checked with your department, and they advised me that I could send the enclosed check.

Very truly yours,

Barbara C. Czudak
General Manager

BCC:ME
Enclosures