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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 18, 1999 8:00am

Secretary of State

02-18-1999 90121 050 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **S39093**

1. Corporation Name

Principal Place of Business

TAHAL CONSULTING ENGINEERS, INC.

						1				
633 N.E. 167TI SUITE 1214	H STREET	633 N.E. 167TH STREET								
	BEACH FL 33162	SUITE 1214	NORTH MIAMI BEACH FL 33162			DO NOT WRITE IN THIS SPACE				
	2.101112	MONTH MINNE BENOTITE	30102			3.	Date Incorporated or Qualifed			
						1	03/18/1991	•		
2. Principal F	Place of Business	2a. Mailing Address			• • • • • • • • • • • • • • • • • • • •		FEI Number		. Ar	plied For
21		26				1	65-0263139	•		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.							\$8.75	
22		27				5.	Certifcate of Status Desired		Fee Re	
City & Star	te	City & State				6	Election Campaign Financing		\$5.00	May Be
23		28				1 '	Trust Fund Contribution		Added	
Zip	Country	Zip	Coun	itry		 	This corporation owes the curr	rent vear Inta		
24	25	29	30			1 "	Personal Property Tax.		Yes	□No
· · · · · · · · · · · · · · · · · · ·	9. Name and Address of Curre	nt Registered Agent					Name and Address of New I	Registered A	Agent	
			1	81	Name		1184			
BEN-DAVID, DAN			92 Stront		0		O. D N	-1-1-X		
633 N.E. 167 STREET			82 Str		Street Addres	SS (P.	O. Box Number is Not Accept	able)		
	TE 1214		Ī	83						
NOF	RTH MIAMI BEACH FL 33162		_							
			1	84	City			FL	85 Zip (Code
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	02 and 607.1508, Florida Statute	es, the abo	ove-r	named corpor	ration	submits this statement for the	purpose of	changing its	registered
office or r agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga	e of Florida. Such change was au ations of, Section 607.0505, Flor	uthorized I rida Statut	by the tes.	ne corporation	i's boa	ard of directors. I hereby acce	pt the appoir	ntment as re	gistered
SIGNATURE	Signature, typed or printed name of registered age	not and title if applicable (AIOTE)	Davistored 6					DATE		
12. OFFICERS ANI				signature required v		DDITIONS/CHANGES TO OF		D DIRECTO	RS IN 12	
	0171021070	10 0	•••				DDITIONOIDINATOLO TO OT	I IOLINO AIN	DUINCOIO	INO IN IZ
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6.4 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.

SIGNATURE:

CITY-ST-ZIP