


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

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90091 012 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S40533

1. Corporation Name
ENGINEWITY INTERNATIONAL, INC. ENGINEWITY TECHNOLOGY, INC.



Principal Place of Business 13000 AUTOMOBILE BLVD CLEARWATER FL 34622 US	Mailing Address 13000 AUTOMOBILE BLVD CLEARWATER FL 34622 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6090 45 th STREET NORTH Suite, Apt. #, etc.		2a. Mailing Address 26 6090 45 th STREET NORTH Suite, Apt. #, etc.		3. Date Incorporated or Qualified 03/26/1991	
22 City & State 23 ST. PETERSBURG, FL Zip Country 24 33714 25		27 City & State 28 ST. PETERSBURG, FL Zip Country 29 33714 30		4. FEI Number 59-3093868 Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SURATT, TED L. 13000 AUTOMOBILE BLVD CLEARWATER FL 33762		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 6090 45 th STREET NORTH 83 84 City ST. PETERSBURG FL 85 Zip Code 33714	
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SURATT, TED L.	1.2 NAME	
STREET ADDRESS	13000 AUTOMOBILE BLVD	1.3 STREET ADDRESS	6090 45 th STREET NORTH
CITY-ST-ZIP	CLEARWATER FL 33762	1.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33714
TITLE	DS <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SURATT, CAROL V	2.2 NAME	
STREET ADDRESS	13000 AUTOMOBILE BLVD	2.3 STREET ADDRESS	6090 45 th STREET NORTH
CITY-ST-ZIP	CLEARWATER FL 33762	2.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33714
TITLE	DT <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLTZ, JEFF R.	3.2 NAME	
STREET ADDRESS	13000 AUTOMOBILE BLVD	3.3 STREET ADDRESS	6090 45 th ST. NORTH
CITY-ST-ZIP	CLEARWATER FL 33762	3.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33714
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACALUSO, JOHN M JR	4.2 NAME	
STREET ADDRESS	13000 AUTOMOBILE BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33762	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HYATT, CHARLIE C.	5.2 NAME	
STREET ADDRESS	13000 AUTOMOBILE BLVD	5.3 STREET ADDRESS	6090 45 th STREET NORTH
CITY-ST-ZIP	CLEARWATER FL 33762	5.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33714
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Caroline Suratt* **CAROL V SURATT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/99

Date

(727) 521-6577

Daytime Phone #

CR2E034 (11/98)