FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

1. Corporation	MENT # S435 HEASTERN ENGINEERING	\- /	INC.	A TABURAN DU BIARR AND AND ARDU BROW BOOK	DIA 21811 BARK BIRN BIRN BIRN BARN 1821
Dilati al Diana	.(D.:				
Principa! Place		Mailing Address			
2849 EXECU SUITE 200	ITIVE DR.	2325 ULMERTON RD			
CLEARWATER FL 34622		STE 27 Clearwater FL 346	22		
		US			Date of Last Report
2. Principal Pla	ace of Business	2a. Mailing Address		04/04/1991 4. FEI Number	06/27/1995
21		26		59-3058535	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		- 0.45.4.40.4.5	\$8.75 Additional
22		27	······································	5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	28 Zip	Country	Trast Faria Contribution	Added to Fees
24	25	29	30	This corporation has liability for intangib Florida Statutes Yes N	
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Register	
			B1 Name		
	R, MILLER M.		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
	KECUTIVE DR.		-		
SUITE 2	200 Vater FL 34622		83		
CLEAR	WATER FL 34622		84 City		B5 Zip Code
familiar wit	o the provisions of Sections 607.05 ed agent, or both, in the State of Flo h, and accept the obligations of, Se Signature, typed or philled rame of registered agr	orida. Such change was autriorization 607.0505, Florida Statutes	ed by the corporation's bo	oration submits this statement for the purpose of and of directors. I hereby accept the appointmen	it as registered agent. I am
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TrTLE	D	☐ DELETE	1. 1 TIFLE		☐ Change ☐ Addition
NAME	COOPER, MILLR M.		1.2 NAME		
STREET ADDRESS	2325 ULMERTON BLVD.		1.3 STREET ADDRESS		
TOLE	CLEARWATER FL	L Driete	1.4 CITY-ST-ZIP		
NAME		DELETE	2 1 TITLE		Change Addition
STREET ADDRESS			2 2 NAME		
CHTY-ST-ZIP			2 3 STREET ADDRESS 2.4 CITY - ST - ZIP		
TITLE		DELETE	3. 1 TITLE		Change Addition
NAME		_	3.2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
City-St ZiP			3.4 CITY-ST-ZIP		
TETLE		DELETE	4. 1 TITLE		Change Addition
NAM!			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
TITLE		DELFTE	4 4 0 - TY - ST - ZIP		
NAME		Dorce	5 1 LITLE 52 LAME		Change Addition
STREET ADDRESS			53 REET ADDRESS		
CITY - ST - ZIP			5 4 LTY-ST-ZIP		
TITLE		☐ DELE1E	6 14 TLE		Change Addition
NAME			6.2.I.AMF		
STREE: ADDRESS			6 3 REET ADDRESS		
CITY-ST-ZIP			6 4 TY-ST-ZIP		
 I do hereby certify that 	r certify that the information supplied the information indicated on this ani	f with this filing is voluntarily furn	shed and does not qualify	for the exemption stated in Section 119.07(3)(k), rate and that my signature shall have the same le	Florida Statutes, I further
oath; that I	am an officer or director of the cofp	poration or the receiver or truster	e empowered to execute the	rate and that my signature shall have the same learning report as required by Chapter 607, Florida Sta	gar effect as it made under atutes; and that my name

SIGNATURE:

4-10-56 813-571-4516