

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

DOCUMENT # S81277 (3)

1. Corporation Name

YKA CONSULTING ENGINEERS, INC.

95 FEB 23 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

Principal Place of Business: 3120 NW 16TH TER
POMPANO BEACH FL 33064
Mailing Address: 3120 NW 16TH TER
POMPANO BEACH FL 33064

2. Principal Place of Business: 21 State, Apt. #, etc. 26 State, Apt. #, etc.
22 City & State: 27 City & State
23 City Country 28 City Country
24 City Country 29 City Country 30

3. Date incorporated or Qualified: 09/16/1991 3a. Date of Last Report: 08/12/1994
4. FBI Number: 65-0290691 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
KAVASOGLU, YEKTA
3120 NW 16TH TER
POMPANO BEACH FL 33064

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, its 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 OF: (Signature of Registered Agent) DATE: (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	D KAVASOGLU, A. YEKTA	1. TITLE	☐ Change ☐ Addition
ADDRESS	3120 N.W. 16TH TERRACE	12 NAME	
CITY	POMPANO BEACH FL	13 STREET ADDRESS	
STATE		14 CITY-ST-ZIP	
NAME		21 TITLE	☐ Change ☐ Addition
ADDRESS		22 NAME	
CITY		23 STREET ADDRESS	
STATE		24 CITY-ST-ZIP	
NAME		31 TITLE	☐ Change ☐ Addition
ADDRESS		32 NAME	
CITY		33 STREET ADDRESS	
STATE		34 CITY-ST-ZIP	
NAME		41 TITLE	☐ Change ☐ Addition
ADDRESS		42 NAME	
CITY		43 STREET ADDRESS	
STATE		44 CITY-ST-ZIP	
NAME		51 TITLE	☐ Change ☐ Addition
ADDRESS		52 NAME	
CITY		53 STREET ADDRESS	
STATE		54 CITY-ST-ZIP	
NAME		61 TITLE	☐ Change ☐ Addition
ADDRESS		62 NAME	
CITY		63 STREET ADDRESS	
STATE		64 CITY-ST-ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify 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 on Block 12 or Block 13, as applicable, or on an attachment with an address.

SIGNATURE: (Signature) 2-22-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OF FEE OR DIRECTOR