

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S94531** (8)

1. Corporation Name

F.J.N. ENGINEERING CONSULTING SERVICES, INC.



Principal Place of Business

Mailing Address

**6061 HOOK LANE
#105
BOYNTON BEACH FL 33437
US**

**6061 HOOK LANE
#105
BOYNTON BEACH FL 33437
US**

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Zip

Country

Country

24

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NEVISON, BEATRICE E.
6061 HOOK LANE
BOYNTON BEACH FL 33437**

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 607.0202 and 607.1504, 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 of Registered Agent or Secretary of Corporation (Print Name)

(If Not Registered Agent, Signature of Registered Agent)

DATE

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
☐ DELETE 1. TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY, ST, ZIP
☐ DELETE 2. TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY, ST, ZIP
☐ DELETE 3. TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY, ST, ZIP
☐ DELETE 4. TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY, ST, ZIP
☐ DELETE 5. TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY, ST, ZIP
☐ DELETE 6. TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, unchanged, or in an alteration with an address.

SIGNATURE:

BEATRICE E. NEVISON
Beatrice E. Nevison

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 17, 1996 (407) 738-2118

DATE

Local Phone #

CR2E034 (12/95)