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Feb 02 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # V02240 (2)  
1. Corporation Name  
S.G.M. ENGINEERING, INC.



Principal Place of Business Mailing Address  
~~2012 N PRINCE CT~~ ~~2012 N PRINCE CT~~  
~~WINTER PARK FL 32792-7622~~ ~~WINTER PARK FL 32792-7622~~  
600 S. NORTHLAKE BLVD. 600 S. NORTHLAKE BLVD.  
SUITE 230 SUITE 230  
ALTAMONTE SPRINGS, FL 32701 ALTAMONTE SPRINGS, FL 32701

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 600 S. NORTHLAKE BLVD		26 600 S. NORTHLAKE BLVD.		12/17/1991	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 SUITE 230		27 SUITE 230		59-3101052	
City & State		City & State		Applied For	
23 ALTAMONTE SPRINGS, FL		28 ALTAMONTE SPRINGS, FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 32701		30 SEMINOLE		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing	
25 SEMINOLE		31 SEMINOLE		Trust Fund Contribution	
26 32701		32 SEMINOLE		<input type="checkbox"/> \$5.00 May Be Added to Fees	
27 SEMINOLE		33 SEMINOLE		8. This corporation owes or has paid the current year Intangible	
28 SEMINOLE		34 SEMINOLE		Personal Property Tax due June 30.	
29 SEMINOLE		35 SEMINOLE		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent					
10. Name and Address of New Registered Agent					
-SHAHNAMI, NAHID- RABI MALHOTRA					
2012 N PRINCE CT- 600 S. NORTHLAKE BLVD.					
WINTER PARK FL 32792 SUITE 230					
ALTAMONTE SPRINGS FL-32701					
81 Name RABI MALHOTRA					
82 Street Address (P.O. Box Number is Not Acceptable)					
600 S. NORTHLAKE BLVD.					
83 SUITE 230					
84 City ALTAMONTE SPRINGS FL					
85 Zip Code 32701					

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 R K Malhotra RABI MALHOTRA - V. PRESIDENT 1.14.98  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	VICE PRESIDENT / TREASURER
NAME	SHAHNAMI, NAHID	1.2 NAME	RABI MALHOTRA
STREET ADDRESS	2012 N PRINCE CT	1.3 STREET ADDRESS	600 S. NORTHLAKE BLVD, SUITE 230
CITY - ST - ZIP	WINTER PARK FL	1.4 CITY - ST - ZIP	ALTAMONTE SPRINGS, FL-32701
TITLE	STD	2.1 TITLE	PRESIDENT
NAME	SHAHNAMI, GHULAM R.	2.2 NAME	GHULAM SHAHNAME
STREET ADDRESS	2012 N PRINCE CT	2.3 STREET ADDRESS	600 S. NORTHLAKE BLVD, SUITE 230
CITY - ST - ZIP	WINTER PARK FL	2.4 CITY - ST - ZIP	ALTAMONTE SPRINGS, FL-32701
TITLE		3.1 TITLE	V. PRESIDENT / SECRETARY
NAME		3.2 NAME	VICTOR GONKHMANN
STREET ADDRESS		3.3 STREET ADDRESS	600 S. NORTHLAKE BLVD, SUITE 230
CITY - ST - ZIP		3.4 CITY - ST - ZIP	ALTAMONTE SPRINGS, FL-32701
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/98

407-767-5188

CR2E034 (10/97)