## 5-18-98 B 1585 C FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**DOCUMENT #** 

V36459

(8)

CONSOLIDATED ENGINEERING INTERNATIONAL, INC.

Mailing Address Principal Place of Business 4400 DAIRY ROAD 4400 DAIRY RD MELBOURNE FL 32904 **MELBOURNE FL 32904-7644** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/14/1992 2a. Mailing Address 2. Principal Place of Business Applied For 59-3123746 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country Žip Zip Country 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 24 25 29 30 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent B1 Name NICHOLS, RICHARD E. 4400 DAJRY RD Street Address (P.O. Box Number is Not Acceptable) MELBOURNE FL 32904 **B3** City 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 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 agest and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE TITLE 11 TIT F NICHOLS, RICHARD E. NAME 1.2 NAME 4400 DAIRY RD 1.3 STREET ADDRESS STREET ADDRESS **MELBOURNE FL 32904** 14 CITY-ST-ZIP CITY - ST - ZIP Change Addition DELETE 2 1 TIT\_E TITLE 2 2 NA VIE NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CTY - ST-ZIP CITY-ST-ZIP Change Addition DELETE 31 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. Cr Y-ST-ZIP CITY-ST-ZIP Addition DELETE Change 4 1 TIT\_E TITLE 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5 1 TIT F TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE TITLE 6 1 TITLE NAME 6.2 NA VIE STREET ADDRESS 6 3 STREET ADDRESS 6.4 CITY-ST-ZIP 14. 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 all acchains the with an address.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-98

407-960-4448

**FILED** 

May 18 1998 8:00am

Secretary of State