

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V45426** (6)

1. Corporation Name

SOIL ENGINEERING, INC.



Principal Place of Business

**5505 PIONEER PARK BLVD.
TAMPA FL 33634**

Mailing Address

**5505 PIONEER PARK BLVD.
TAMPA FL 33634**

2. Principal Place of Business

21 **4901 Rio Vista Ave**

Suite, Apt. #, etc.

22 **B-2**

City & State

23 **Tampa, Florida**

Zip

24 **33634**

Country

25

2a. Mailing Address

26 **4901 Rio Vista Ave**

Suite, Apt. #, etc.

27 **B-2**

City & State

28 **Tampa, Florida**

Zip

29 **33634**

Country

30

3. Date Incorporated or Qualified

06/23/1992

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3158062

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROTENSTEIN, HERTZ
5505 PIONEER PARK BLVD.
TAMPA FL 33634**

81 Name

Hertz Rotenstein

82

Street Address (P.O. Box Number is Not Acceptable)

648 Geneva Place

83

84 City

Tampa

FL

85 Zip Code
33606

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 agent and (if not applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	ROTENSTEIN, SUSAN	
STREET ADDRESS	947 SEDDON COVE WAY	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROTENSTEIN, HERTZ	
STREET ADDRESS	947 SEDDON COVE WAY	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROTENSTEIN, STEVE	
STREET ADDRESS	11607 BRANCH MOORING DRIVE	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

648 Geneva Place

Tampa, Florida 33606

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

648 Geneva Place

Tampa, Florida 33606

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

648 Geneva Place

Tampa, Florida 33606

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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 if changed, or on an attachment with an address.

SIGNATURE:

[Signature] Hertz Rotenstein

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/28/96 (813) 885-1250

Date

Daytime Phone No.

CR2E034 (12/95)