## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # **V45426**

1. Corporation Name

SOIL ENGINEERING, INC.

	· 					
Principal Place of Business		Mailing Address				
5143 RIO VISTA		5143 RIO VISTA AVE.				
TAMPA FL 33634		TAMPA FL 33634				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed
						06/23/1992
2. Principal I	2a. Mailing Address	ailing Address			4. FEI Number Applied For	
21		26				<b>59-3158062</b> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired   \$8.75 Additional
22		27				Fee Required
City & State		City & State				6. Election Campaign Financing \$5.00 May Be
23		28		4		Trust Fund Contribution Added to Fees
Zip	Country	Zip		untry		8. This corporation owes the current year Intangible  Personal Property Tax  Yes  No
24	25	29	30	_		Personal Property Tax. Yes No  10. Name and Address of New Registered Agent
	9. Name and Address of Curre	ut Kedistelen Adeut		81	Name	
HFR'	tz rotenstein					
	GENEVA PL			82	Street #	Address (P.O. Box Number is Not Acceptable)
	PA FL 33634			83		
					·	
				84	City	FI 85 Zip Code
office or	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was a ations of, Section 607.0505, Flo	authorize orida Sta	ed by itutes	tne corpo	d corporation submits this statement for the purpose of changing its registered coration's board of directors. I hereby accept the appointment as registered required when reinstating)  DATE
12.	Signature, typed or printed name of registered age	ND DIRECTORS	13	<u> </u>	it signature re	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D DELETE		_	1.1 TITLE		Change Addition
NAME	ROTENSTEIN, SUSAN		1.21	1.2 NAME		
	648 GENEVA PL.		1.31	STREET	ADDRESS	3.
CITY-ST-ZIP	TAMPA FL		1.44	1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE		TITLE		☐ Change ☐ Addition
NAME	ROTENSTEIN, HERTZ		2.21	NAME		
STREET ADDRESS			2.3	STREET	ADDRESS	
CITY-ST-ZIP	TAMPA FL		2.4	CITY-S	T-ZIP	
TITLE	D	☐ DELETE	3.1	TITLE		☐ Change ☐ Addition
NAME	ROTENSTEIN, ALEXANDRA		3.2	NAME		
STREET ADDRES	s 648 GENEVA PL.		3.3	STREE1	ADDRESS	
CITY-ST-ZIP	TAMPA FL		3.4.	CITY-S	IT- ZIP	
TITLE		☐ DELETE	4.1	TITLE		☐ Change ☐ Addition
NAME			4. 2	NAME		
STREET ADDRES	s		4.3	STREET	ADDRESS	
CITY-ST-ZIP		·	_	CITY-S	T-ZIP	These CAdition
TITLE	1	☐ DELETE		TITLE		☐ Change ☐ Addition
NAME	]			NAME exocut	T ADDRESS	
STREET ADDRESS	s	`,				
CITY-ST-ZIP		DELETE		CITY-S	1-ZIP	Change Addition
TITLE		₩ DETELE	- 1	NAME	ļ	
NAME						
STREET ADDRES	م ا		6.3	STREET	I ADDRESS	š I

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 supplied that the information indicated on this annual report or supplied that it 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 of 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, with all other like empowered.

6.4 CITY-ST-ZIP

**SIGNATURE:** 

REQUIRED RINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90003 019 \*\*\*150.00