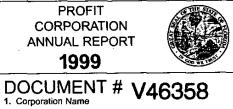
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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 03, 1999 8:00 am Secretary of State 05-03-1999 90041 050 ***150.00

AMERIC/	AN ENGINEERING CON	ISULTANTS	, INC.							
Principal Place	e of Business	Maili	ing Address				L 1984 Gilen ginn bilan itter at	ide liber geget g	ien alan alan a	IBIS BIBIS 1881
Principal Place of Business 790 HARBOUR DR NAPLES FL 34103 US Mailing Address 790 HARBOUR DR NAPLES FL 34103 US					DO NOT WRI	TE IN THIS	SPACE			
							 Date Incorporated or Qualifed 06/22/1992 	-		
2 Principal P	lace of Business	2a. N	Mailing Address				4. FEI Number		Api	plied For
21	26						65-0343498		No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				-5. Certifcate of Status Desired	- 🗆	\$8.75 A		
City & Stat			City & State				6. Election Campaign Financing		\$5.00	May Re
	•	28	,				Trust Fund Contribution		Added to	
23 Zip	Country		Žip	Count	try		8. This corporation owes the curr	ent vear Int	tangible	
 , ·	25	29	· ·	30	•		Personal Property Tax.		☐Yes	XNo
24	9. Name and Address of C			7			10. Name and Address of New F	Registered		7-
	o. Harris and Hadress or o			8	31	Name				
HUR	it, ronald L.			Ļ	_		(D.O. Barraharia Mat Appent	-blol		
790	HARBOUR DR			1.	32	Street Addres	ss (P.O. Box Number is Not Accepta	ible)		Ì
NAP	LES FL 34103			8	33					
				L					 _	
				٤	34	City		FL	85 Zip C	Code
office or r	registered agent, or both, in the t im familiar with, and accept the o	State of Florida	ı. Such change was al	uthorizea i	oy tn	ne corporation	ration submits this statement for the is board of directors. I hereby accept	or rue appo	munem as reț	gistereu
SIGNATURE	Standard and or printed same of register	red agent and title if a	_			signature required	when reinstating)	DATE		
	Signature, typed or printed name of register		applicable. (NOTE:	Registered A		signature required			ND DIRECTO	RS IN 12
12.	Signature, typed or printed name of register OFFICER	ered agent and title if a	applicable. (NOTE:		gent s	signature required	when reinstating) ADDITIONS/CHANGES TO OF		ND DIRECTO	RS IN 12
12. TITLE	Signature, typed or printed name of register OFFICER		applicable. (NOTE:	Registered A	gent s	signature required				
12. TITLE NAME	Signature, typed or printed name of register OFFICER D HURT, RONALD L.		applicable. (NOTE:	Registered A 13. 1.1 TITL 1.2 NAM	gent s					
12. TITLE NAME STREET ADDRESS	OFFICER D HURT, RONALD L. 537 BAY VILLAS LN		applicable. (NOTE:	Registered A 13. 1.1 TITL 1.2 NAM 1.3 STR	gent s E IE EET AI	DORESS				
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of register OFFICER D HURT, RONALD L.		applicable. (NOTE: TORS	13. 1.1 TITL 1.2 NAM 1.3 STRI 1.4 CITY	gent s E IE EET AI '-ST-Z	DORESS				
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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 chapter 607, or on an attachment with an address with all other like empowered. CITY-ST-ZIP

SIGNATURE: