

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **P94000073120 (5)**

1. Corporation Name
O3 ENGINEERING, INC.

MAY - 1 11 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
13316 KEARNEY WAY TAMPA FL 33624 **13316 KEARNEY WAY TAMPA FL 33624**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/28/1994** 3a. Date of Last Report

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 593272500		Applied For <input type="checkbox"/> Not Applicable	
21	22	26	27	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	25	29	30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <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			
GOLDSTEIN, BRUCE S 500 EAST KENNEDY BLVD. STE. 200 TAMPA FL 33602				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City			85. FL

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 of person or persons of registered agent for the corporation) (Signature of Registered Agent or person registered after succeeding)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11. TITLE		11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME		12. NAME	
13. STREET ADDRESS		13. STREET ADDRESS	
14. CITY, ST, ZIP		14. CITY, ST, ZIP	
15. TITLE		21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16. NAME		22. NAME	
17. STREET ADDRESS		23. STREET ADDRESS	
18. CITY, ST, ZIP		24. CITY, ST, ZIP	
19. TITLE		31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20. NAME		32. NAME	
21. STREET ADDRESS		33. STREET ADDRESS	
22. CITY, ST, ZIP		34. CITY, ST, ZIP	
23. TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24. NAME		42. NAME	
25. STREET ADDRESS		43. STREET ADDRESS	
26. CITY, ST, ZIP		44. CITY, ST, ZIP	
27. TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28. NAME		52. NAME	
29. STREET ADDRESS		53. STREET ADDRESS	
30. CITY, ST, ZIP		54. CITY, ST, ZIP	
31. TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME		62. NAME	
33. STREET ADDRESS		63. STREET ADDRESS	
34. CITY, ST, ZIP		64. CITY, ST, ZIP	

14. I, the undersigned, certify that the information furnished with this filing is voluntarily furnished and true and equally for the reasons stated in Section 119.037(1)(b), 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 recipient of the report or person authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, 21, 31, 41, 51, 61, or in an attachment, with an address.

SIGNATURE: James A. Ardema 4/26/95 828811110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR