

NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 03, 1999 8:00 am
Secretary of State

09-03-1999 90003 029 ***150.00



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

PROFIT CORPORATION ANNUAL REPORT 1999

DOCUMENT # **S42772** ✓
 Corporation Name
ENGINEERING CONSULTANTS, INC.



Principal Place of Business: 1200 S OCEAN BLVD BOCA RATON FL 33432
 Mailing Address: 1200 S OCEAN BLVD BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/01/1991		4. FEI Number 59-3070918		Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation owes the current year intangible Personal Property. <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			
GESCHEIDT, RICHARD A. 400 SOUTH DIXIE HIGHWAY SUITE 320, THE ARBOR BOCA RATON FL 33432				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City	FL	85 Zip Code	

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> DELETE	D GESCHEIDT, RICHARD A. 400 SOUTH DIXIE HIGHWAY BOCA RATON FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	P CIVETTA, ALMA 1200 S OCEAN BLVD BOCA RATON FL	1.2 NAME	
<input type="checkbox"/> DELETE		1.3 STREET ADDRESS	
<input type="checkbox"/> DELETE		1.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE		2.2 NAME	
<input type="checkbox"/> DELETE		2.3 STREET ADDRESS	
<input type="checkbox"/> DELETE		2.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE		3.2 NAME	
<input type="checkbox"/> DELETE		3.3 STREET ADDRESS	
<input type="checkbox"/> DELETE		3.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE		4.2 NAME	
<input type="checkbox"/> DELETE		4.3 STREET ADDRESS	
<input type="checkbox"/> DELETE		4.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE		5.2 NAME	
<input type="checkbox"/> DELETE		5.3 STREET ADDRESS	
<input type="checkbox"/> DELETE		5.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE		6.2 NAME	
<input type="checkbox"/> DELETE		6.3 STREET ADDRESS	
<input type="checkbox"/> DELETE		6.4 CITY-ST-ZIP	

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 changed, or on an attachment with an address.

SIGNATURE: _____ SIGNATURE REQUIRED: _____ 8.12.99 561 391 2043

CR2E034 (5/99)

S42772
612358-90003-29

ALMA CIVETTA c/o Engineering Consultants, INC.
(200 S. Ocean Blvd) 9A
Boca Raton, FL 33432
8.12.99

To: Div. of Corporations;

Please note I did not receive
the 1st notice or forms, and as per
telephone instructions (850) 488-9000,

I am enclosing \$150.

Note:

incorrect address may have been the
reason.

Sincerely,
Alma Civetta