

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 JUN 16 11:35

**DOCUMENT # V43532 (3)**  
1. Corporation Name  
**E3 ENG, INC.**

Principal Place of Business Mailing Address  
**53 VILLAS DEL NORTE FT PIERCE FL 34951** **53 VILLAS DEL NORTE FT PIERCE FL 34951**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/15/1992** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 <b>5500 ST. LUCIE BLVD</b>	26 <b>5500 ST. LUCIE BLVD</b>	<b>65-0345467</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22 <b>Suite 5090</b>	27 <b>Suite 5090</b>	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
23 <b>FT. PIERCE FL</b>	28 <b>FT. PIERCE FL</b>		
Zip	Country	Zip	Country
24 <b>34951</b>	25 <b>ST. LUCIE</b>	29 <b>34951</b>	30 <b>ST. LUCIE</b>

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>BANASIAK, JOSEPH 53 VILLAS DEL NORTE FT PIERCE FL 34951</b>		B1 Name	
		B2 Street Address (P.O. Box Number is Not Acceptable)	
		B3 <b>5500 ST. LUCIE BLVD</b>	
		B4 City <b>FT. PIERCE</b>	B5 State <b>FL</b>
			B6 Zip Code <b>34951</b>

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: DATE: **6/12/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BANASIAK, JOSEPH</b>	1.2 NAME	
STREET ADDRESS	<b>53 VILLAS DEL NORTE</b>	1.3 STREET ADDRESS	<b>5500 ST. LUCIE BLVD SUITE 5090</b>
CITY, ST., ZIP	<b>FT PIERCE FL</b>	1.4 CITY, ST., ZIP	<b>FT. PIERCE, FL 34951</b>
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY, ST., ZIP		2.4 CITY, ST., ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST., ZIP		3.4 CITY, ST., ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST., ZIP		4.4 CITY, ST., ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST., ZIP		5.4 CITY, ST., ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST., ZIP		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 110.07(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: DATE: **6/12/95** 907-465-1475

CR2E034 (3/95)