

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

FILED
Feb 20, 1999 8:00 am
Secretary of State

02-20-1999 90065 034 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V73453

1. Corporation Name
THE RAAD-TANNOUS ENGINEERING GROUP, INC.



Principal Place of Business 6250 HAZELTINE NATIONAL DR STE 112 ORLANDO FL 32822 US	Mailing Address 6250 HAZELTINE NATIONAL DR STE 112 ORLANDO FL 32822 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/13/1992

2. Principal Place of Business 21 2716 North Forsyth Rd.	2a. Mailing Address 26 2716 North Forsyth Rd.
Suite, Apt. #, etc. 22 Suite No. 112	Suite, Apt. #, etc. 27 Suite No. 112
City & State 23 Winter Park, FL.	City & State 28 Winter Park, FL.
Zip Country 24 32792 25 U.S.A.	Zip Country 29 32792 30 U.S.A.

4. FEI Number 59-3145724	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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 Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

TANNOUS, BISHAR
6250 NAZELTINE NATIONAL DR., #112
ORLANDO FL 32822

10. Name and Address of New Registered Agent

81 Name **TANNOUS, BISHAR**
 82 Street Address (P.O. Box Number is Not Acceptable)
2716 North Forsyth Rd.
 83 **Suite # 112**
 84 City **Winter Park** FL 85 Zip Code **32792**

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]* DATE **2/2/99**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	D	<input type="checkbox"/>
NAME	RAAD, RAAD H	
STREET ADDRESS	2797 PICKETT DOWNS DRIVE	
CITY-ST-ZIP	CHULUOTA FL 32766	
TITLE	D	<input type="checkbox"/>
NAME	TANNOUS, BISHAR S	
STREET ADDRESS	3700 ALDERGATE PLACE	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 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 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, with all other like empowered.

SIGNATURE: *[Signature]* DATE **2/2/99** DAYTIME PHONE # **(407) 679-1710**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)