

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

PROFIT CORPORATION ANNUAL REPORT •1996



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

DOCUMENT # **397786** (5)

1. Corporation Name

**ATLANTIC GULF ENGINEERING COMPANY**



Principal Place of Business

Mailing Address

LEGAL DEPT 9TH FLOOR  
2601 S. BAYSHORE DR.  
MIAMI FL 33133-2461

LEGAL DEPT 9TH FLOOR  
2601 S. BAYSHORE DR.  
MIAMI FL 33133-2461

3. Date Incorporated or Qualified  
**03/20/1972**

3a. Date of Last Report  
**04/28/1995**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
**59-1398859**

Applied For  
Not Applicable

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

22. City & State

27. City & State

6. Election Campaign Financing  
Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

23. Zip

Country

28. Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes  Yes  No

24. Zip

25. Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LANGLEY, MARCIA H  
LEGAL DEPT., 9TH FLOOR  
2601 S. BAYSHORE DRIVE  
MIAMI FL 33133

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

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 (typed or printed name of the Signer) is applicable.

NOTE: Registered Agent signature required when re-registering.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	JEFFREY, THOMAS W.	
STREET ADDRESS	2601 S. BAYSHORE DRIVE	
CITY - ST - ZIP	MIAMI FL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	LANGLEY, MARCIA H.	
STREET ADDRESS	2601 S. BAYSHORE DRIVE	
CITY - ST - ZIP	MIAMI FL	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	FISCHER, JOHN H.	
STREET ADDRESS	2601 S. BAYSHORE DRIVE	
CITY - ST - ZIP	MIAMI FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	MIKESH, LINDA A	
STREET ADDRESS	2601 S. BAYSHORE DRIVE	
CITY - ST - ZIP	MIAMI FL	
TITLE	DVAS	<input checked="" type="checkbox"/> DELETE
NAME	GONZALEZ, JULIO J	
STREET ADDRESS	2601 S BAYSHORE DR	
CITY - ST - ZIP	MIAMI FL 33133	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MACNAIR, CHRISTOPHER J.	
STREET ADDRESS	2601 S. BAYSHORE DRIVE	
CITY - ST - ZIP	MIAMI FL	

1.1 TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Langley, Marcia H	
1.3 STREET ADDRESS	2601 S. Bayshore Dr.	
1.4 CITY - ST - ZIP	Miami, FL 33133	
2.1 TITLE	VAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Goldman, Joel K.	
2.3 STREET ADDRESS	2601 S. Bayshore Dr.	
2.4 CITY - ST - ZIP	Miami, FL 33133	
3.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Carleton, Callis N.	
3.3 STREET ADDRESS	2601 S. Bayshore Dr.	
3.4 CITY - ST - ZIP	Miami, FL 33133	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	400001783424	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	-04/17/96--01020--030	
5.3 STREET ADDRESS	***200.00	
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 119.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TYPE IN PRINT

*Joel K. Goldman*

4-12-96

305-859-4071

3/4.16

CR2E034 (12/95)