


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

212610

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90203 018 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 397786
 1. Corporation Name
ATLANTIC GULF ENGINEERING COMPANY



Principal Place of Business Mailing Address

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

DO NOT WRITE IN THIS SPACE

| | | | | |
|--------------------------------|---------------------|---|--|----------------|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified | 4. FEI Number | Applied For |
| 21 | 26 | 03/20/1972 | 59-1398859 | Not Applicable |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| 22 | 27 | <input checked="" type="checkbox"/> | | |
| City & State | City & State | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | |
| 23 | 28 | <input type="checkbox"/> | | |
| Zip Country | Zip Country | 8. This corporation owes the current year Intangible Personal Property Tax. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 24 | 29 | 30 | | |

9. Name and Address of Current Registered Agent

GOLDMAN, JOEL K
LEGAL DEPT., 9TH FLOOR
2601 S. BAYSHORE DRIVE
MIAMI FL 33133

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|--|
| TITLE | DP | <input type="checkbox"/> DELETE |
| NAME | JEFFREY, THOMAS W. | |
| STREET ADDRESS | 2601 S. BAYSHORE DRIVE | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | VAS | <input checked="" 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 | VSD | <input type="checkbox"/> DELETE |
| NAME | GOLDMAN, JOEL K. | |
| STREET ADDRESS | 2601 S. BAYSHORE DRIVE | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | VDCCS | <input type="checkbox"/> DELETE |
| NAME | COOK, PAULA | |
| STREET ADDRESS | 2601 S BAYSHORE DR | |
| CITY-ST-ZIP | MIAMI FL 33133 | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | LAGUARDIA, JOHN | |
| STREET ADDRESS | 2601 S. BAYSHORE DRIVE | |
| CITY-ST-ZIP | MIAMI FL 33133 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 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 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | V/D/C/AS Cook, Paula |
| 5.3 STREET ADDRESS | 2601 S. Bayshore Drive |
| 5.4 CITY-ST-ZIP | Miami FL 33133 |
| 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 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 REQUIRED *Joel K. Goldman V.P.* DATE: 4-9-99 DAYTIME PHONE #: 305-859-4000

CR2E034 (1/1/98)