

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000068167 (3)

1. Corporation Name

AMERICAN TECHNOLOGIES INTERNATIONAL INC.

Principal Place of Business

3031 ALTON DRIVE  
ST. PETERSBURG BEACH FL 33707

Mailing Address

3031 ALTON DRIVE  
ST. PETERSBURG BEACH FL 33707



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

TIPPS, ROGER  
3031 ALTON DRIVE  
ST. PETERSBURG BEACH FL 33706

81 Name

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

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified

09/15/1994

3a. Date of Last Report

08/30/1995

4. FEI Number

59-2840656

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☐ No

10. Name and Address of New Registered Agent

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 registered agent, if any.

Printed Name of Agent (Signature required when replacing)

Name

12. OFFICERS AND DIRECTORS

TITLE P  
NAME TIPPS, ROGER  
STREET ADDRESS 3031 ALTON DRIVE  
CITY-STATE-ZIP ST. PETERSBURG FL 33706

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE  
2. NAME  
3. STREET ADDRESS  
4. CITY-STATE-ZIP

☐ Change ☐ Addition

2. 1. TITLE  
2. NAME  
3. STREET ADDRESS  
4. CITY-STATE-ZIP

☐ Change ☐ Addition

3. 1. TITLE  
2. NAME  
3. STREET ADDRESS  
4. CITY-STATE-ZIP

☐ Change ☐ Addition

4. 1. TITLE  
2. NAME  
3. STREET ADDRESS  
4. CITY-STATE-ZIP

☐ Change ☐ Addition

5. 1. TITLE  
2. NAME  
3. STREET ADDRESS  
4. CITY-STATE-ZIP

☐ Change ☐ Addition

6. 1. TITLE  
2. NAME  
3. STREET ADDRESS  
4. CITY-STATE-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)(a), 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

3/22/96

813-367-2048

CR2E034 (12/95)