

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

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # V41297 (5)

1. Corporation Name

ATLANTIS ENVIRONMENTAL ENGINEERING, INC.

Principal Place of Business

2499 GLADES RD., SUITE 203
BOCA RATON FL 33431

Mailing Address

2499 GLADES RD., SUITE 203
BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/04/1992

3a. Date of Last Report

02/17/1994

4. FEI Number

65-0344946

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

2. Principal Place of Business

21 665 SE 10th St

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

22 202

Suite, Apt. #, etc.

27 SAME

City & State

23 Deerfield Beach FL

City & State

28

Zip

24 33441

Country

25 USA

Zip

29

Country

30

9. Name and Address of Current Registered Agent

MAURODIS, ANDREW S.
321 SE 15 AVE
FT LAUDERDALE FL 33301

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

Albert R. Capellini

(NOTE: Registered Agent signature required when reinstating)

DATE

6-2-95

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

CAPELLINI, ALBERT R.

STREET ADDRESS

1000 SE 15 AVE

CITY ST ZIP

DEERFIELD BEACH FL

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

13.

ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS:

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY ST ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY ST ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY ST ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY ST ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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)(b), 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 in an attachment with an address.

SIGNATURE:

Albert R. Capellini Albert Capellini

Date

6-2-95

Daytime Phone

305-4286300

CR2E034 (3/95)