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PROFIT CORPORATION ANNUAL REPORT

I am an officer or director of the appears in Block 12 or Block 1

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 11 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # F15982

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ATLAS SCAFFOLDING FLORIDA CORPORATION, INC.

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3. Date Incorporated or Qualified							7 52857 (33684)	BOX 152857 P.O. BOX 152		AVE.	4608 N. LOIS / TAMPA FL 336
Suite, Apt #, etc. Suite,	3a. Date of Last Report 03/01/1996			TAMPA FL 33684-2857					US		
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PATRICIA MALAVE 4608 N. LOIS AVE. TAMPA FL 33614 ### City ### City ### Corporation submits this statement for the purpose of changing its registered agent, or both, in this State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in this State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in this State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in this State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and the provisions of Sections 607,0505, Florida Statutes. SIGNATURE Stock Statutes OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE STATE STA					·····	Country			Country		
PATRICIA MALAVE 4608 N. LOIS AVE. TAMPA FL 33614 82 Street Address (P.O. Box Number is Not Acceptable) 83						30		29		25	24
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84 City FL 85 Zip Code		ess (P.O. Box Number is Not Acceptable)		Street Add	82						
11. Fursuant 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 registrered 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 registraged agent, but with, and accept the obligations of, Socione 607.0505, Florida Statutes. SIGNATURE Signature, byind or prince came of registered agent and title 1 applicable. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN INTIE. NAME CARAMAGNO, DOMINIC 12. NAME SIREH ADDRESS CITY-SI-7IP INTE STD DELETE 13. STREET ADDRESS CITY-SI-7IP INTE STD DELETE 14. CITY-ST-7IP INTE STD DELETE 21. TITLE Change Ch						00				IPA FL 33614	TAM
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 reg 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 and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THILE CARAMAGNO, DOMINIC 12. NAME CARAMAGNO, DOMINIC 12. NAME SIRELI ADDRESS GIY-SI-7P DITUE STD DELETE 1.1 TIFLE Change CHANGE 1.3 STREET ADDRESS GIY-SI-7P DELETE 2.2 NAME SIRELI ADDRESS CHY-SI-7P PALUZZI, THOMAS JR. 2.2 NAME SIRELI ADDRESS CHY-SI-7P AST DELETE 3.1 TIFLE Change Change Change Change Change Change Change TAMPA FL 3.2 NAME 3.3 STREET ADDRESS CHY-SI-7P TAMPA FL 3.4 CHY-SI-7P TAMPA FL						53					
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 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 registagent. Lam familiar with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE CARAMAGNO, DOMINIC 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE CARAMAGNO, DOMINIC 1.2 MAME CARAMAGNO, DOMINIC 1.2 MAME CARAMAGNO, DOMINIC 1.2 MAME 1.3 STREET ADDRESS CHY-SI-ZIP DILLE STD Change	p Code	B5 85			City	84					
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CITY-ST-ZIP  14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stand in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental arrival report is true and accurate and that my signature shall have the same legal effect as if made under or I am an officer or director of the dorporation or the receiver or tractice employered to execute this report as required by Chapter 607, Florida Statutes; and that my name									MANON (1171)	1	