

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90001 045 ***150.00

DOCUMENT # J08845

1. Corporation Name

AMERICAN COASTAL ENGINEERING INC.

Principal Place of Business

**426 WAYMAN CIRCLE
WEST PALM BEACH FL 33413
US**

Mailing Address

**426 WAYMAN CIRCLE
WEST PALM BEACH FL 33413
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/10/1986

4. FEI Number

59-2668104

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

**RAUCH, HANS
426 WAYMAN CIRCLE
WEST PALM BEACH FL 33413**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **RAUCH, HANS**
STREET ADDRESS **426 WAYMAN CIRCLE**
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE ☐ DELETE

NAME **MITCHELL, BETH L.**
STREET ADDRESS **9650 MOCKINGBIRD LANE**
CITY-ST-ZIP **MICCO FL**

TITLE ☐ DELETE

NAME **MARTIN, PATRICK**
STREET ADDRESS **259 WOODLANDS ROAD**
CITY-ST-ZIP **LAKE WORTH FL**

TITLE ☐ DELETE

NAME **SANSBURY, JOHN C.**
STREET ADDRESS **2000 PALM BEACH LAKES BL**
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE ☐ DELETE

NAME **FORMAN, JAMES W JR.**
STREET ADDRESS **24 SHEPHERD STREET**
CITY-ST-ZIP **RAUEGH NO**

TITLE ☐ DELETE

NAME **AZIS, JEFFREY**
STREET ADDRESS **500 AUSTRALIAN AVENUE, #650**
CITY-ST-ZIP **WEST PALM BEACH FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 supplement to 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-11-99 689-1422

CR2E034 (11/98)