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Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90090 021 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J39026

1. Corporation Name
AMERICAN TECHNICAL COATINGS CORPORATION

Principal Place of Business
192 CENTER ST.
CAPE CANAVERAL FL 32920
US

Mailing Address
192 CENTER ST.
CAPE CANAVERAL FL 32920
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/16/1986	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2746873	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
BEALS, ROBERT E 1600 W HIBISCUS P.O. BOX 1070 MELBOURNE FL 32901				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 1900 S. HICKORY ST. 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	
NAME	MCARA, ROBERT C.	1.2 NAME	
STREET ADDRESS	580 HIDDEN HOLLOW	1.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	
NAME	HRADESKY, EDWARD L.	2.2 NAME	
STREET ADDRESS	124 ST. CROIX AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	EMORY, JAMES E.	3.2 NAME	
STREET ADDRESS	5120 PINTAIL LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	ZACCARO, THOMAS W.	4.2 NAME	
STREET ADDRESS	200 S BANANA RIVER BV	4.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA BCH. FL	4.4 CITY-ST-ZIP	
TITLE	P	5.1 TITLE	
NAME	MORRIS, JOHN J	5.2 NAME	
STREET ADDRESS	1370 YORK CIR	5.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32904	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

E. L. Hradecky, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

29 JAN 99 407) 282 84 74
Date Daytime Phone #

CR2E034 (11/98)