

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # K64612

1. Corporation Name

ATLANTIC CONSTRUCTION SERVICES, INC.

							Bil Bibil (BBi
Principal Place of Business 1970 NW 33 ST		Mailing Address				, , , , , , , , , , , , , , , , , , , 	911 01011 1001
		1463 GALLOP DRIVE	1463 GALLOP DRIVE				
POMPANO BCH FL 33064		LOXAHATCHEE FL 33470			DO NOT MUDITE IN THIS COACE		
US					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					02/09/1989	1 1	For For
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		lied For
21		26			65-0105949		Applicable
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Ac Fee Req	
City & State	e	City & State			6. Election Campaign Financing	\$5.00 N	May Be
23		28			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip '	Cour	itry	This corporation owes the current year		
24	25	29	30		Personal Property Tax.		□No
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New Registe	red Agent	
				81 Name			
YECKER, CHARLES B			ŀ	82 Street Ad	ddress (P.O. Box Number is Not Acceptable)	· · · · · · · · · · · · · · · · · · ·	- ;
	AHATCHEE FL 33470		Ì	83		· · · · · · · · · · · · · · · · · · ·	
				84 City	The state of the s	85 Zip C	ode
44 Distribution	to the provisions of Sections 607 (0502 and 607 1508 Florida Statu	ites the ab	ove-named co			
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agent. I a	egistered agent, or both, in the Stam familiar with, and adcept the obl	agent and title if applicable. (NOT	orida Statu	by the corpora tes.	ation's board of directors. Thereby accept the a	7. 99	
signature 12.	egistered agent, or both, in the St m familiar with, and accept the obl Signature, typed or pieces of registered OFFICERS	ate of Florida. Such change was ligations of, Section 607.0505, Florida agent and tills if applicable. (NOT AND DIRECTORS	orida Statu FC E: Registered	by the corporates. **Corporation** **C	ation's board of directors. Thereby accept the a	7. 99	
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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.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

Feb 17, 1999 8:00 am Secretary of State

02-17-1999 90051 032 ***158.75

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