

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

FILED
May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M55462 (9)
 1. Corporation Name
ATLANTIC AMALGAMATED, INC.

Principal Place of Business	Mailing Address
1831 N. Dixie Highway Pompano Beach, FL 33064	1831 N. Dixie Highway Pompano Beach, FL 33064

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	7/14/87	5/01/96
22	27	4. FEI Number	Applied For
City & State	City & State	65-0041444	Not Applicable
23	28	5. Certificate of Status Desired	\$8.75 Additional Fee Required
Zip	Zip	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	29	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
Country	Country	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
DONAHOE, THOMAS J. 1831 N. Dixie Hwy. Pompano Beach, FL 33064		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11.1 TITLE	<input type="checkbox"/> DELETE	11.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.2 NAME	PSD Donahoe, Thomas J.	12.1 NAME	
11.3 STREET ADDRESS	1831 N. Dixie Highway	13.1 STREET ADDRESS	
11.4 CITY-STATE-ZIP	Pompano Beach, FL 33064	14.1 CITY-STATE-ZIP	
11.5 TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.6 NAME		2.2 NAME	
11.7 STREET ADDRESS		2.3 STREET ADDRESS	
11.8 CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	
11.9 TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.10 NAME		3.2 NAME	
11.11 STREET ADDRESS		3.3 STREET ADDRESS	
11.12 CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
11.13 TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.14 NAME		4.2 NAME	
11.15 STREET ADDRESS		4.3 STREET ADDRESS	
11.16 CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
11.17 TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.18 NAME		5.2 NAME	
11.19 STREET ADDRESS		5.3 STREET ADDRESS	
11.20 CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
11.21 TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.22 NAME		6.2 NAME	
11.23 STREET ADDRESS		6.3 STREET ADDRESS	
11.24 CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

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*****165.00** *5/8/97*

14. I, the undersigned, 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 a director or officer 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 of this filing, and, or on an attachment with an address.

SIGNATURE: *Thomas J. Donahoe* **THOMAS J. DONAHOE** **APRIL 28, 1997** **(954) 943-2424**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)