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95 MAY -1 AM 2:11

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M81679 (6)
1. Corporation Name
**COASTAL CONSTRUCTION TECHNOLOGY CORP.
AMERICAN TECHNICAL SERVICES GROUP, INC.**

Principal Place of Business Mailing Address
**1528 LAKEPOINT NW
STUART FL 34994** **1528 LAKEPOINT NW
STUART FL 34994**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/19/1988	3a. Date of Last Report 04/28/1994
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 65-0148119	Applied For Not Applicable
24. State	25. County	29. State	30. County	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent
**LEVY, H. WILLIAM
1528 LAKEPOINT NW
STUART FL 34994**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
FL B5 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: _____ (Print Name of Registered Agent and Title) _____ (Print Name of Registered Agent and Title)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME LEVY, HAROLD WILLIAM STREET ADDRESS 1528 LAKEPOINT NW CITY, ST, ZIP STUART FL	1. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPS	NAME LEVY, HANNE STREET ADDRESS 1528 LAKEPOINT NW CITY, ST, ZIP STUART FL	2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 700001478167 -05/08/95--01018--001 ****208.75 ****208.75
TITLE	NAME STREET ADDRESS CITY, ST, ZIP	5. NAME VP Harry M. Schork, PE 6. STREET ADDRESS 1528 Lakepoint NW 7. CITY, ST, ZIP Stuart, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	NAME STREET ADDRESS CITY, ST, ZIP	8. TITLE 9. NAME 10. STREET ADDRESS 11. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME STREET ADDRESS CITY, ST, ZIP	12. TITLE 13. NAME 14. STREET ADDRESS 15. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME STREET ADDRESS CITY, ST, ZIP	16. TITLE 17. NAME 18. STREET ADDRESS 19. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 its 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.

SIGNATURE: **Hanne Levy** *Hanne Levy* April 25, 1995 407-692-0629
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR