

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

**FILED**

**Apr 09 1997 8:00am**  
**Secretary of State**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Northam**,  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P92000009759 (1)**

1. Corporation Name

**ATLANTIC COAST CONTRACTING, INC.**

Principal Place of Business

**2031 SW R70TH AVE.  
SUITE C-12  
DAVIE FL 33317  
US**

Mailing Address

**2031 SW R70TH AVE.  
SUITE C-12  
DAVIE FL 33317  
US**



3. Date Incorporated or Qualified

**12/03/1992**

3a. Date of Last Report

**06/25/1996**

4. FEI Number

**22-3201177**

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BERIN, JEFFREY F  
324 DATURA STREET  
SUITE 200  
WEST PALM BEACH FL 33401**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 **1110 North Olive Ave.**

84 City  
**W. Palm Beach**

85 Zip Code  
**FL 33401**

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 type: For principal 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 **P** ☐ DELETE  
NAME **ELLENBOGEN, MARK**  
STREET ADDRESS **419 READING STREET**  
CITY- ST- ZIP **PENNINGTON NJ 08534**

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS **68 Poor Farm Road**  
1.4 CITY- ST- ZIP **Pennington, NJ 08534**

TITLE **CD** ☐ DELETE  
NAME **BLICHER, PETER**  
STREET ADDRESS **9 BALDWIN COURT**  
CITY- ST- ZIP **PENNINGTON NJ 08534**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP

TITLE **VS** ☐ DELETE  
NAME **COFFEY, SEAN D**  
STREET ADDRESS **53 WHITEOAK DRIVE**  
CITY- ST- ZIP **PRINCETON NJ 08540**

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS **106 Beacon Ave.**  
3.4 CITY- ST- ZIP **Seagirt, NJ 08750**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY- ST- ZIP

14. I do 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.

SIGNATURE:

**Mark Ellenbogen, President**

**3-21-97 609-737-8383**

Date

Daytime Phone #

0521087

CR2E034 (9/96)