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May 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000000578 (1)

1. Corporation Name

ATLANTIC GULF UTILITIES, INC.

Principal Place of Business

2601 S. BAYSHORE DRIVE 9TH FLOOR
MIAMI FL 33133-5461

Mailing Address

2601 S. BAYSHORE DRIVE 9TH FLOOR
MIAMI FL 33133-5412



3. Date Incorporated or Qualified

01/04/1995

3a. Date of Last Report

04/16/1996

4. FEI Number

65-0546743

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

21

Suite, Apt. #, etc.

22. City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27. City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

LANGLEY, MARCIA H
2601 S. BAYSHORE DRIVE 9TH FLOOR
MIAMI FL 33133-5461

10. Name and Address of New Registered Agent

81

Name

JOEL K. GOLDMAN

82

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

2601 S. Bayshore Dr.

83

9th floor

84

City

Miami

FL

85

Zip Code

33133

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

JOEL K. Goldman 4/11/97

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RUTHERFORD, LARRY J	
STREET ADDRESS	2601 S. BAYSHORE DRIVE 9TH FLOOR	
CITY-ST-ZIP	MIAMI FL 33133-5461	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	JEFFREY, THOMAS W	
STREET ADDRESS	2601 S. BAYSHORE DRIVE 9TH FLOOR	
CITY-ST-ZIP	MIAMI FL 33133-5461	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CARLETON, CALLIS N.	
STREET ADDRESS	2601 S. BAYSHORE DRIVE 9TH FLOOR	
CITY-ST-ZIP	MIAMI FL 33133-5461	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	LANGLEY, MARCIA H	
STREET ADDRESS	2601 S. BAYSHORE DRIVE 9TH FLOOR	
CITY-ST-ZIP	MIAMI FL 33133-5461	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	FISCHER, JOHN H	
STREET ADDRESS	2601 S. BAYSHORE DRIVE 9TH FLOOR	
CITY-ST-ZIP	MIAMI FL 33133-5461	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	GOLDMAN, JOEL K.	
STREET ADDRESS	2601 S. BAYSHORE DRIVE 9TH FLOOR	
CITY-ST-ZIP	MIAMI FL 33133-5461	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GOLDMAN, JOEL K.	
1.3 STREET ADDRESS	2601 S. BAYSHORE DR	
1.4 CITY-ST-ZIP	MIAMI FL 33133	
2.1 TITLE	VAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LANGLEY, MARCIA H	
2.3 STREET ADDRESS	2601 S. Bayshore DR	
2.4 CITY-ST-ZIP	MIAMI FL 33133	
3.1 TITLE	VICIAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CARLETON, CALLIS N.	
3.3 STREET ADDRESS	2601 S. BAYSHORE DR	
3.4 CITY-ST-ZIP	MIAMI FL 33133	
4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	GILLETTE, J. THOMAS	
4.3 STREET ADDRESS	2601 S. Bayshore Dr	
4.4 CITY-ST-ZIP	MIAMI FL 33133	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOEL K. Goldman 4/11/97

Date

305-859-4071

Daytime Phone #

0178293

CR2E034 (9/96)