

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000000578

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 33133-5461

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90051 017 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/04/1995

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 owes the current year Intangible
Personal Property Tax.



Yes



No

9. Name and Address of Current Registered Agent

GOLDMAN, JOEL K
2601 S. BAYSHORE DRIVE 9TH FLOOR
MIAMI FL 33133-5461

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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	VCAS	<input type="checkbox"/> DELETE
NAME	COOK, PAULA	
STREET ADDRESS	2601 S. BAYSHORE DRIVE	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	VAS	<input checked="" type="checkbox"/> DELETE
NAME	LANGLEY, MARCIA H	
STREET ADDRESS	2601 S. BAYSHORE DRIVE 9TH FLOOR	
CITY-ST-ZIP	MIAMI FL	
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	VSD	<input type="checkbox"/> DELETE
NAME	GOLDMAN, JOEL K.	
STREET ADDRESS	2601 S. BAYSHORE DRIVE 9TH FLOOR	
CITY-ST-ZIP	MIAMI FL	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Laguardia, John	
1.3 STREET ADDRESS	2601 S. Bayshore Drive	
1.4 CITY-ST-ZIP	Miami FL 33133	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Gillette, J. Thomas	
2.3 STREET ADDRESS	2601 S. Bayshore Drive	
2.4 CITY-ST-ZIP	Miami FL 33133	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 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.

NATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-99

Date

305-859-4000

Daytime Phone #

0192759

CR2E034 (11/98)