

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000008926 (4)**

1. Corporation Name

AMERICAN TECHNOLOGIES OF ORLANDO, INC.



Principal Place of Business

**5285 RED BUG LAKE RD. #125
WINTER SPRINGS FL 32708**

Mailing Address

**5285 RED BUG LAKE RD. #125
WINTER SPRINGS FL 32708**

2. Principal Place of Business

2a. Mailing Address

21 **5285 RED BUG LAKE ROAD**

26 **5285 RED BUG LAKE RD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **125**

27 **125**

City & State

City & State

23 **WINTER SPRINGS, FL**

28 **WINTER SPRINGS FL**

Zip

Country

Zip

Country

24 **32708**

25 **USA**

29 **32708**

30 **USA**

9. Name and Address of Current Registered Agent

**RUBANO, BOB
5285 RED BUG LAKE RD. #125
WINTER SPRINGS FL 32708**

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 607.0602 and 607.1508, Florida Statutes, I, 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 607.0605, Florida Statutes.

SIGNATURE

BOB RUBANO / President

[Signature]

4-13-96

(Date)

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	RUBANO, BOB	
STREET ADDRESS	5285 RED BUG LAKE RD. #125	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-ST-ZIP	

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 119.07(3)(a), 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 it made under oath. That I am an officer or director of the corporation or the owner 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:

Bob Rubano / President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

4-13-96

407/688-6667

(Date) (Phone Number)

CR2E034 (12/95)