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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name	P95000026311	(7

ATLAN	tis marine Welding, II	NC.				
Principal Place of	f Business	Mailing Address			t consider and completell marie april mar	19 (1818 BEIDE OLIS) TIBSE EIRE FART
2321 RIVIERA		2321 RIVIERA DRIVE				
MIRAMAR FL	_	MIRAMAR FL 33023				ate of Last Docard
					04/03/1995	ate of Last Report
	ce of Business	2a. Mailing Address			4. FEI Number 0583045	Applied For Not Applicable
21		Suite Apt # etc				\$8.75 Additional
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Required	
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Countr	У	8. This corporation has liability for intangible Florida Statutes Yes ANO	e tax under s 199.032,
24	25 9. Name and Address of Curre		30		10. Name and Address of New Registers	ed Agent
	9, Name and Address of Curre	BIII Hegisteren Agent	B1	Name		
DIVE TO	HOMAC D				Address (P.O. Box Number is Not Acceptable)	
	HOMAS D IVIERA DRIVE		82	Stree	Address (F.O. Dox Harriott to Harriott	
	AR FL 33023		8:	3		
HIII CAN	11112 00020		8	\$ City		85 Zip Code
			_			L US Exp code
11. Pursuant to	the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	the above	-named poration	rporation submits this statement for the purpose of board of directors. I hereby accept the appointment	changing its registered blice as registered agent. I am
or registere familiar with	nd agent, or both, in the State of Fich, and accept the obligations of, St	oction 607.0505, Florida Statutes.	, , , , , , , , , , , , , , , , , , ,	p. 0.10	A	79-96
SIGNATURE	Times 0.	do	era internació		equired when reinstating) DAT	01-10
	Signature, typed or printed name of registered eg	ent and title if applicable (NOTE AND DIRECTORS	13.	erit signatur	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
12.	• Orricens A	DELETE	1. 1 TITL	 E		Change MA Addition
NAME	PIKE, THOMAS D	-	1.2 NAM	Ė	Pike, Kimberly SpiVE	
STREET ADDRESS	2321 RIVIERA DRIVE		1.3 STRE	ET ADDRES	2321 KIVIERA 00	3
CITY-ST-ZIP	MIRAMAR FL 33023		1.4 CITY	-ST-ZIP	PIKE, Kimberly SizVE 2321 RIVIERA DEIVE MIRAMAR, FL 3307	File File Addition
TITLE		DELETE	2 1 1111	F		Change Addition
NAME			2 2 NAME			
STREET ADDRESS				ET ADDRES		
City-St-ZIP		T DOLET	2.4 CITY 3 1 TITL	- ST - ZIP		Change Addition
TITLE		☐ DEFELE	3.2 NAM			
NAME				eet addre:		
STREET ADDRESS				-ST-ZIP		
CITY-ST-ZIP TITLE		DELETE	4. 1 111			Change Addition
NAME			4.2 NAN	ŧE		
STREET ADDRESS			4 3 STR	EET ADDRES		
CITY-ST-ZIP				-SI-712		Change Addition
TITLE		DELETE	5. 1 TiT			Change Addition
NAME			5 2 NAM			
STREET ADDRESS				EET ADDRES		
CITY-ST-ZIP		DELETE	5 4 CIT 6 1 TIT	Y-ST-ZIP		Change Addition
TITLE		C) bereit	6.2 NA			
NAME				EET ADORE		
STREET ADDRESS			6.4 CIT	v - ST - 7iP		
14. Lajo hereb	L by certify that the information suppl	ied with this filing is voluntarily furn	ished and d	loes not	ualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further legal effect as if made under
certify that	at the information indicated on this a	annual report or supplemental anni- omoration or the receiver or truster	e empower	true and d to exe	and that my signature shall have the same arte this report as required by Chapter 607, Florida S	tatutes; and that my name
appears i	n Block 12 or Block 13 if changed,	or on an attachment with an addr	ess			
1		/ NI/			11.79.96 054	-286,1310

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.29.96 954-286.1310