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 # **P95000035182 (1)**

1. Corporation Name

ATLANTIC ENGINEERING, INC.

Principal Place of Business

529 SPRING HOLLOW BLVD
APOPKA FL 32712

Mailing Address

529 SPRING HOLLOW BLVD
APOPKA FL 32712

3. Date Incorporated or Qualified: **05/01/1995**

3a. Date of Last Report:

4. FEI Number: 59-3312211 — [ ] 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. Is corporation liable for intangible tax under s. 199.032, Florida Statutes? [X] Yes [ ] No

2. Principal Place of Business

21 407 WHOOPING LOOP
Suite, Apt. #, etc.
22 #1655
City & State
23 ALTAMONTE SPRINGS, FL
Zip: 24 32701 Country: 25 SEMINOLE

2a. Mailing Address

26 407 WHOOPING LOOP
Suite, Apt. #, etc.
27 #1655
City & State
28 ALTAMONTE SPRINGS, FL
Zip: 29 32701 Country: 30 SEMINOLE

9. Name and Address of Current Registered Agent

SAKIZADEH, DARUSH
529 SPRING HOLLOW BLVD
APOPKA FL 32712

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 Section 607.0505 and 607.1505, 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

12. OFFICERS AND DIRECTORS

TITLE	PD	[ ] DELETE
NAME	SAKIZADEH, DARUSH	
STREET ADDRESS	529 SPRING HOLLOW BLVD	
CITY-ST-ZIP	APOPKA FL 32712	
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		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 1.

1. TITLE		[ ] Change [ ] Addition
1. NAME		
1. STREET ADDRESS		
1. CITY-ST-ZIP		
2. TITLE		[ ] Change [ ] Addition
2. NAME		
2. STREET ADDRESS		
2. CITY-ST-ZIP		
3. TITLE		[ ] Change [ ] Addition
3. NAME		
3. STREET ADDRESS		
3. CITY-ST-ZIP		
4. TITLE		[ ] Change [ ] Addition
4. NAME		
4. STREET ADDRESS		
4. CITY-ST-ZIP		
5. TITLE		[ ] Change [ ] Addition
5. NAME		
5. STREET ADDRESS		
5. CITY-ST-ZIP		
6. TITLE		[ ] Change [ ] Addition
6. NAME		
6. STREET ADDRESS		
6. CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this report is true and accurate, and that I am a duly qualified 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 in compliance with Section 607.0505, Florida Statutes.

SIGNATURE: Darush Sakizadeh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DARUSH SAKIZADEH

Date: 4-9-96 Daytime Phone: (407) 767-8442

CR2E034 (12/95)