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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P96000026006 (2)

ATLANTIC PRESSURE, INC.

Principal Place of Business	Mailing Address				# 18811881 118 10140 01141 00111 00111 00111 10111	f tiðið billi bálli áðli	i Bill iffil
10117 W OAKLAND PARK BLVD 10117 W OAKLAND PARK BLV SUNRISE FL 33351 SUNRISE FL 33351-6917							
					3. Date Incorporated or Qualified 34 03/25/1996	. Date of Last R	eport
2. Principal Place of Business	2a. Mailing Address				4. FEI Number	Ar	plied For
1	26				65-0658522		t Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc	<b>)</b> .			5. Certificate of Status Desired	\$8.75	
2	27	·····				Fee Re	<del></del>
City & State	City & State				6. Election Campaign Financing	\$5.00	
Zip Country		т с	Country	· ·	Trust Fund Contribution		
, ', '	<del>}</del>	30	JOURILITY		8. This corporation has liability for intan Florida Statutes	ngible tax under s s \tag{No}	. 199.032,
25   9, Name and Address of Cur	29 29 Annt Registered Agent	[30]			10. Name and Address of New Register		<del></del>
LACALAMITA, JOSEPH			81	Name	107 realise and realises of the fire	order Agent	
10117 W OAKLAND PARK BLVD							
SUNRISE FL 33351			82 Street Ad		dress (P.O. Box Number is Not Acceptable)		
SUMMOE PE 93331			83	·····		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
					· · · · · · · · · · · · · · · · · · ·		***
			84	City		FL 85 Zip	Code
Pursuant to the provisions of Sections 607.6 office or registered agent, or both, in the Stagent, I am familiar with, and accept the ob- SIGNATURE  Signature types or printed hards of registered.						ose of changing it appointment as	s registered registered
	AND DIRECTORS	(NOTE: Hegist		nt signature req	ADDITIONS/CHANGES TO OFFICERS		S IN 12
igit D	AND DIRECTORS  DELET		1 TOLE	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFICEAS	Change	Addition
NAME LACALAMITA, JOSEPH		- I "	2 NAME	{			L. FIGURES
SIBELLADURESS 10117 W OAKLAND PARK I	BLVD			ADDRESS			
CHY-SI-Zin SUNRISE FL 33351			.4 CITY - S				
TITLE	DELET		1 TITLE	1-ZIF		Change	Addition
NAME	barrier		2 NAME			<u></u>	
STREET AUDRESS			3 STREET	PSSHOOL		p	
CITY - S1 - ZIP			.4 CITY-S				
11116	DELET		1 TITLE			☐ Change	Addition
NAME			2 NAME				
STREET ADDRESS			3 STREET	ADDRESS			
CHY- ST- 7IP			4. CITY-S				
IBLE	DELET		1 Tille			Change	Additio
NAME		•	2 NAME	[			
STREET ADDRESS			3 STREET	ADDRESS			
CITY-ST-ZIP		1	4 CITY-S				

14. I do hereby certify that the information supplied with this filling does not qualify on 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.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

SIGNATURE:

THEE

NAME

NAME

STREET ADDRESS

STREET ADORESS

CHIY-ST-ZIF

CITY - ST - ZIP TIFLE

THE ANY TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

April 2 1997

954 846-746

Change

Change

Addition

Addition

**FILED** 

Apr 29 1997 8:00am

Secretary of State

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