

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

FILED

Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000047687 (4)**

1. Corporation Name
ATLANTIC BUILDING SERVICES, INC.



Principal Place of Business 4549 WEST TRADEWINDS AVENUE LAUDERDALE-BY-THE-SEA FL 33308	Mailing Address 4549 WEST TRADEWINDS AVENUE LAUDERDALE-BY-THE-SEA FL 33308-3512
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3. Date Incorporated or Qualified 06/05/1996	3a. Date of Last Report
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2. Principal Place of Business 21 3300 N. Port Royal Drive Suite, Apt. #, etc. #328	2a. Mailing Address 26 3300 N. Port Royal Drive Suite, Apt. #, etc. #328
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4. FEI Number 65-0681014	Applied For <input type="checkbox"/> Not Applicable
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22 City & State 23 Ft. Lauderdale, Florida Zip 33308 25 Broward	27 City & State 28 Ft. Lauderdale, Florida Zip 33308 30 Broward
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**BROGAN, FRANCIS B JR
515 EAST LAS OLAS BLVD. #1500
FORT LAUDERDALE FL 33301**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	SCHLOSSER, JOHN D
STREET ADDRESS	4549 WEST TRADEWINDS AVENUE
CITY-ST-ZIP	LAUDERDALE-BY-THE-SEA FL 33308
TITLE	D <input type="checkbox"/> DELETE
NAME	ORUE, ROBERT
STREET ADDRESS	4549 WEST TRADEWINDS AVENUE
CITY-ST-ZIP	LAUDERDALE-BY-THE-SEA FL 33308
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SCHLOSSER, JOHN D.
1.3 STREET ADDRESS	3300 N. Port Royal Drive, #328
1.4 CITY-ST-ZIP	Ft. Lauderdale, Florida 33308
2.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ORUE, ROBERT
2.3 STREET ADDRESS	13284 S.W. 40th Terrace
2.4 CITY-ST-ZIP	Miami, Florida 33175
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 do 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.

SIGNATURE: **John D. Schlosser** *John D. Schlosser* **4/14/97** **(954) 202-5810**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)