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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90015 003 ***150.00

DOCUMENT # P98000100532

ATLANTIC BUILDING & EXPORT, INC.				
Principal Place	e of Business	Mailing Address		-
3170 SÉ WAALER ST P O BOX 3016				
STUART FL 34997 STUART FL 34995-3016				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualifed
				1
2 Principal P	lace of Business	2a. Mailing Address		12/02/1998 4. FEI Nymber Applied For
21	lace of Dusiness	26		65 0879523 Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.		\$8.75 Additional
22		27	* ** **	5. Certificate of Status Desired Fee Required
City & Stat	e e	City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution . Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible
24	25	29 3	0]	Personal Property Tax. Yes No
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registered Agent
PERRY, STEVEN L				RRY, STEVEN L
612 S FEDERAL HWY			ess (P.O. Box Number is Not Acceptable)	
STUART FL 34994			83	
010/	111 12 01001			2no Fil
•			84 City	TUART FL 85 39946
11 Pursuant	progration submits this statement for the nurnose of changing its registered			
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 families with, and accept the obligations of, Section 607.0505, Florida Statutes.				
- ·	Maria 18 10	ons or, section our usus, Fiding	16-NED 1	HERE IN EPOND TRC
SIGNATURE	Signature, typed or printed name of registered agent		egistered Agent signature required	d when reinstating) DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DĒLETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CORRIGAN, THERESA R		1,2 NAME	"
STREET ADDRESS	3170 SE WAALER ST	•	1,3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34997		1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TTLE	D	☐ DELETE	2.1 TITLE	☐ Change ← ☐ Addition
NAME	COGOSSI, ADAM		2.2 NAME	
STREET ADDRESS	3170 SE WAALER ST		2.3 STREET ADDRESS	» · · · · · · · · · · · · · · · · · · ·
CITY-ST-ZIP	STUART FL 34997	□ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE	☐ Change ☐ Addition
TITLE		_ DEPOIL	3.2 NAME	
NAME STREET ADORESS	}		3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4, 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP	}		4,4 CITY-ST-ZIP	
TITLE		☐ DETELE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS	·		5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
077 07 77D	1		64 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. Courses 3-17-99

CD2E034 (11/08)