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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

S39171

(1)

SOUTHERN ATLANTIC	<b>FIRESTOP</b>	<b>ENGINEERING</b>	OF	FLORID
A. INC.				

Principal Place of		Mailing Address		- I INDIIIBAN INDI AIIIE ANGEL AINDE	IDDUK 1101 DIGIT EIDIT ATÖTT ÖTÄTA ÖTETE ÖTÖTA TÖÖL
-665 JACKGO P.O. BOX 92	94 (92790)	-605 JACKSON AVEN -P.O. BOX 3294 (327) - WINTER PARK FL 32	<del>)0 -</del>		
WINTER PARK FL 32709 -		· · · · · · · · · · · · · · · · · · ·		3. Date Incorporated or Qualified 3a. Date of Last Report 03/20/1991 09/26/1995	
2. Principal Place	_ , , , , , , , , ,	2a. Mailing Address	15 1001 21	4. FEI Number 59-3063698	Applied For
'T Suite, Apt. #,	2 Old Winter Gard	Suite, Apt. #, etc.	Winter Gdn. Rd		Not Applicable  \$8.75 Additional
2	.4(	27		5. Certificate of Status Desired	Fee Required
City & State	1 -	City & State	<u></u>	6. Election Campaign Financing	\$5.00 May Be
3] OF [1	ando Country	28 Zip	nd Country.	Trust Fund Contribution  8. This corporation has liability fo	Added to Fees
4 3281	1 25 U.S	29 32811	30 U.S.	Florida Statutes  Ye	
	9. Name and Address of Curren		-21	10. Name and Address of New	Registered Agent
OLZIDA MA	L ALIANI IEMI		81 Name		
	i, susan jean Ckson avenue		82 Street Addre	ss (P.O. Box Number is Not Accepta	able)
	PARK FL 32789	•	83		
		•	<b>84</b> City		Y [as ] 7- 0-4-
			"		FL 85 Zip Code
<ul> <li>or registered</li> </ul>	Lagent, or both, in the State of Florid	ta. Such change was authorize	ed by the comporation's hoard	tion submits this statement for the p	urpose of changing its registered office
familiar with,	and accept the obligations of, Secti	on 607.0505, Florida Statutes.	, ,		portation do registeres agent. I am
SIGNATURE	potane, tyced or ported han elof registere (lageral	and tile it applicable: //NO	TE Registered Agent signature required	when rangitation	DATE
12.	OFFICERS AND	DIRECTORS	13.	<del></del>	FICERS AND DIRECTORS IN 12
TITLE	PST	DELFTE	1 1 TIFLE		☐ Change ☐ Addition
IAM(	SKIRVIN, SUSAN J.		1.2 NAME		
STREET ADDRESS	5056 CASPIAN COURT		1.3 STREET ADDRESS		
HTY - ST - ZIE	ORLANDO FL VP	☐ DELETE	1.4 CITY-ST-ZiP		
HLΣ γΔM:	SKIRVIN, RICK W.		2 1 ] TLE		Change Addition
SIBELL ADDRESS	5056 CASPIAN COURT		2.2 NAME 2.3 STREET ADDRESS		
CIY SI ZIP	ORLANDO FL		24 CITY-ST-ZIP		
THE		DEFETE	3 1 THTLE		Change Addition
VAME:			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - S! - 7.€		FINITION	3 4 CITY - \$T - ZIP		
THILE NAME		☐ DELETE	4 1 TITLE		☐ Change ☐ Addition
STREET ADDRESS			4.2 NAME 4.3 STREET ADDRESS		•
Cirry St. Z.P			4.4 CITY - ST - ZIP		
THILF		□ DELETE	5 1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME			5.2 NAME		
STREET ABORESS			5 3 STREET ADDRESS		
CI, A - Ru - Sib		- December	5 4 CITY-ST-ZIP		
lil_f		☐ DEFELE	6 1 TILE		Change Addition
NAME STREET ADORESS			6.2 NAME 6.3 STREET ADDRESS		
Offy - ST - ZiP			6.4 CHY-ST-ZIP		
14. I do hereby	certify that the information supplied t	with this fling is voluntarily furn	ished and does not qualify for	r the exemption stated in Section 11	9.07(3)(k), Florida Statutes. I further
oath thal La	he information indicated on this annuaria am an officer or director of the corpo Block 12 or Block 13 yechanged, or c	ration or the receiver or truster	a empowered to execute this	e and that my signature shall have the report as required by Chapter 607,	e same legal effect as if made under Florida Statutes; and that my name

SIGNATURE: Summ 1. Skinstin

1/29/96 407-297-7233