


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

FILED
May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V35643 (8) 1. Corporation Name ATLANTIC ENGINEERING AND EQUIPMENT, INC.					
Principal Place of Business 5105 PHILLIPS HWY SUITE 205 JACKSONVILLE FL 32207			Mailing Address 5105 PHILLIPS HWY SUITE 205 JACKSONVILLE FL 32207-1709		
2. Principal Place of Business 21 5105 Phillips Highway Suite, Apt. #, etc. 22 Suite # 203 City & State 23 Jacksonville, Florida Zip Country 24 32207 25		2a. Mailing Address 26 5105 Phillips Highway Suite, Apt. #, etc. 27 Suite # 203 City & State 28 Jacksonville, Florida Zip Country 29 32207 30		3. Date Incorporated or Qualified 05/11/1992	
				3a. Date of Last Report 07/17/1996	
				4. FEI Number 59-3121255	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent TESORIERO, ROBERT F. 5105 PHILLIPS HWY #203 JACKSONVILLE FL 32207			10. Name and Address of New Registered Agent 81 Name Tesoriero, Robert F. 82 Street Address (P.O. Box Number is Not Acceptable) 5105 Phillips Highway Suite # 203 83 84 City Jacksonville FL 85 Zip Code 32207		
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: <i>Robert F. Tesoriero</i> (NOTE: Registered Agent signature required when reinstating) DATE: 4-30-97					
12. OFFICERS AND DIRECTORS TITLE: D <input type="checkbox"/> DELETE NAME: TESORIERO, ROBERT F. STREET ADDRESS: 5105 PHILLIPS HWY #203 CITY - ST - ZIP: JACKSONVILLE FL 32207 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: TITLE: <input type="checkbox"/> DELETE NAME: STREET ADDRESS: CITY - ST - ZIP:					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 5105 Phillips Highway Suite # 203 1.4 CITY - ST - ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 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: *Robert F. Tesoriero* **ROBERT F. TESORIERO** 4/30/97 904-730-8943
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)