

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **300870** (3)

1. Corporation Name
ATLANTIC & OCEAN INC



Principal Place of Business

29 N OCEAN AVE
DAYTONA BCH. F 32118
US

Mailing Address

PO BOX 263146
DAYTONA BCH. F 32126-3146
US

2. Principal Place of Business

21 Subj. Apt. #, etc.
22 City & State

2a. Mailing Address

26 Subj. Apt. #, etc.
27 City & State

23 Country

28 Country

24 Country

9. Name and Address of Current Registered Agent

KROL, JOSEPH D.
101 CORSAIR DR.
DAYTONA BEACH FL 32014

3. Date Incorporated or Organized
01/17/1966

3a. Date of Last Report
03/01/1995

4. FEI Number
59-1158968

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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 607.01(2) and 607.01(3)(b), 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 607.01(2)(b), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME	PD FOREST, MICHAEL J.	13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 STREET ADDRESS	105 NO. HALIFAX AVENUE	13.2 NAME	
12.3 CITY, STATE, ZIP	DAYTONA BEACH FL	13.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.4 NAME	VD FOREST, ANGELINE	13.4 CITY, STATE, ZIP	
12.5 STREET ADDRESS	105 NO. HALIFAX AVENUE	13.5 NAME	
12.6 CITY, STATE, ZIP	DAYTONA BEACH FL	13.6 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.7 NAME	STD FOREST, MICHAEL J.	13.7 CITY, STATE, ZIP	
12.8 STREET ADDRESS	105 NO. HALIFAX AVENUE	13.8 NAME	
12.9 CITY, STATE, ZIP	DAYTONA BEACH FL	13.9 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 NAME		13.10 CITY, STATE, ZIP	
12.11 STREET ADDRESS		13.11 NAME	
12.12 CITY, STATE, ZIP		13.12 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.13 NAME		13.13 CITY, STATE, ZIP	
12.14 STREET ADDRESS		13.14 NAME	
12.15 CITY, STATE, ZIP		13.15 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.16 NAME		13.16 CITY, STATE, ZIP	
12.17 STREET ADDRESS		13.17 NAME	
12.18 CITY, STATE, ZIP		13.18 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.19 NAME		13.19 CITY, STATE, ZIP	
12.20 STREET ADDRESS		13.20 NAME	
12.21 CITY, STATE, ZIP		13.21 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.22 NAME		13.22 CITY, STATE, ZIP	
12.23 STREET ADDRESS		13.23 NAME	
12.24 CITY, STATE, ZIP		13.24 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.25 NAME		13.25 CITY, STATE, ZIP	
12.26 STREET ADDRESS		13.26 NAME	
12.27 CITY, STATE, ZIP		13.27 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.28 NAME		13.28 CITY, STATE, ZIP	
12.29 STREET ADDRESS		13.29 NAME	
12.30 CITY, STATE, ZIP		13.30 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I further certify that the information supplied herein is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information included 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 §§ 607.12 or 607.13, if changed, or on an attachment with an address.

SIGNATURE: *Michael J. Forest*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-96
(904) 252-0227

CR2E034 (12/95)