

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

FILED
95 AUG -7 AM 11:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # H60184 (9)

1. Corporation Name

THE ATLANTIC PRIDE CORPORATION

DO NOT WRITE IN THIS SPACE.

Principal Place of Business
2850 PALMWOOD TERR
APT P 228
BOCA RATON FL 33431
US

Mailing Address
PO BOX 273548
BOCA RATON FL 33427
US

3. Date Incorporated or Qualified **05/31/1985** 3a. Date of Last Report **04/13/1994**

4. FEI Number **59-2542379** 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

2. Principal Place of Business 2a. Mailing Address
21 **3374 NW 29th Ave** 26

Suite, Apt. #, etc. Suite, Apt. #, etc.
22

City & State City & State
23 **Boca Raton FL** 28

Zip Country Zip Country
24 **33434** 25 **U.S.A.** 29

9. Name and Address of Current Registered Agent

**MILLER, WILLIAM F.
931 RIVERSIDE DR.
STUART FL 34994**

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 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

(Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	MTD
NAME	MILLER, MARK W.
STREET ADDRESS	PO BOX 273548
CITY - ST - ZIP	BOCA RATON FL
TITLE	PD
NAME	MILLER, WILLIAM F.
STREET ADDRESS	931 RIVERSIDE DR.
CITY - ST - ZIP	STUART FL
TITLE	SD
NAME	MILLER, ELIZABETH N.
STREET ADDRESS	931 RIVERSIDE DR.
CITY - ST - ZIP	STUART FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY - ST - ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY - ST - ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY - ST - ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK W. MILLER

8/2/95

(407) 477-9323