

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 01, 1999 8:00 am
Secretary of State

03-01-1999 90194 030 ***150.00

0370443

DOCUMENT # H60184

1. Corporation Name

THE ATLANTIC PRIDE CORPORATION

Principal Place of Business

931 RIVERSIDE DR
STUART FL 34994
US

Mailing Address

P.O. BOX 273546
BOCA RATON FL 33427
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/31/1985

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 215 S. Federal Hwy

Suite, Apt. #, etc.

22 103

City & State

23 STUART FL

Zip

24 34994

Country

25 MARTIN

2a. Mailing Address

26 215 S. Federal Hwy.

Suite, Apt. #, etc.

27 103

City & State

28 STUART FL

Zip

29 34994

Country

30 MARTIN

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

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 607.0502 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE MTD ☐ DELETE

NAME MILLER, MARK W.

STREET ADDRESS PO BOX 273546

CITY-ST-ZIP BOCA RATON FL

TITLE PD ☐ DELETE

NAME MILLER, WILLIAM F.

STREET ADDRESS 931 RIVERSIDE DR.

CITY-ST-ZIP STUART FL

TITLE SD ☐ DELETE

NAME MILLER, ELIZABETH N.

STREET ADDRESS 931 RIVERSIDE DR.

CITY-ST-ZIP STUART FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

MTD

miller, MARK W

215 S. Federal Hwy. # 103

STUART, FL 34994

☐ Change ☐ Addition

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/99

(561) 477-627

Daytime Phone #

CR2E034 (11/98)