

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L94415** (1)
1. Corporation Name
ATLANTIC LAND CORPORATION



Principal Place of Business: 4500 PGA BLVD. SUITE 304B PALM BEACH GARDENS FL 33418
Mailing Address: 4500 PGA BLVD. SUITE 304B PALM BEACH GARDENS FL 33418

2. Principal Place of Business: 21 4200 Wackenhut Drive, Suite 110, Palm Beach Gardens FL 33410
2a. Mailing Address: 26 4200 Wackenhut Drive, Suite 110, Palm Beach Gardens FL 33410

3. Date Incorporated or Qualified: 08/17/1990
3a. Date of Last Report: 04/25/1995
4. FEI Number: 65-0214072
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

9. Name and Address of Current Registered Agent: FLANIGAN, JOHN F, 625 N FLAGLER DR, 9TH FLOOR, BARNETT CENTRE, WEST PALM BEACH FL 33401
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DPS NAME: TAMBONE, RICHARD P. STREET ADDRESS: 4500 PGA BLVD., SUITE 304B CITY-ST-ZIP: PALM BEACH GARDENS FL	<input type="checkbox"/> DELETE	1.1 TITLE: DPT 1.2 NAME: 1.3 STREET ADDRESS: 4200 Wackenhut Dr., Suite 110 1.4 CITY-ST-ZIP: Palm Beach Gardens FL 33410	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DVT NAME: TAMBONE, LORI B. STREET ADDRESS: 4500 PGA BLVD., SUITE 304B CITY-ST-ZIP: PALM BEACH GARDENS FL	<input type="checkbox"/> DELETE	2.1 TITLE: DVS 2.2 NAME: 2.3 STREET ADDRESS: 4200 Wackenhut Dr., Suite 110 2.4 CITY-ST-ZIP: Palm Beach Gardens FL 33410	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE	3.1 TITLE: 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE	4.1 TITLE: 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE	5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE	6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 affidavit.

SIGNATURE: _____ DATE: 4-26-96 DAYTIME PHONE: 407-625-0008

CR2E034 (12/95)