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

PROFIT CORPORATION **ANNUAL REPORT**

1998



Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P9200009646

ATLANTIC NATIONAL MARKETING CORPORATION P92000009646 (0)

FILED May 06 1998 8:00am Secretary of State

01.11.11.01.1	PA-91 - A-14					IBNIO IDNO BNALO	01 4 (510) 100)		
Principal Place of Business Mailing Address									
10653 BRIDGE CREEK DR PENSACOLA FL 32508-9585		10553 BRIDGE CREEK DR	10553 BRIDGE CREEK DR PENSACOLA FL 32506-9565						
PENSACULA PL 32300-8003		PENSACOLA FL 32300-8303				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified 12/04/1992			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		pplied For	
21	1400 01 203/1000	26				59-3153598	—	ot Applicable	
Suite, Apt.	# etc	Suite, Apt. #, etc.				· · · · · · · · · · · · · · · · · · ·		Additional	
22		27				Certificate of Status Desired	+	equired	
City & State	₿	City & State				Election Campaign Financing \$5.00 May Be			
23	28					Trust Fund Contribution	Added	to Fees	
Zip	Country	Zip	Coun	itry		8. This corporation owes or has paid the	current year In	tangible	
24	25		30			Personal Property Tax due June 30. Yes No			
	9, Name and Address of Curren	t Registered Agent				10. Name and Address of New Registers	d Agent		
GASTER, WAYNE J				B1	Name				
10553 BRIDGE CREEK DR				B2	Street Addr	ess (P.O. Box Number is Not Acceptable)			
PENSACOLA FL 32506-9565				"	Oligor Voor	ess (1.0. Dox Norther is Not Acceptable)			
			1	В3					
			-	B4	City		. 85 Zip	Code	
			- 1	-	•	F			
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 prelied name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) OATE									
12. OFFICERS AND DIRECTORS 13.				Agen	it and natione require	ADDITIONS/CHANGES TO OFFICERS A		RS IN 12	
TITLE				t	I	ADDITIONS/CHANGES TO OTTICENS A	Change	Addition	
NAME	CASTED MANUEL		1	1.1 TITLE 1.2 NAME					
	AARA BRIDAT ARECV DO								
STREET ADDRESS	DENOACOLA EL BOSOS OSOS		1.3 STREET ADDRESS 1.4 CITY - ST - ZIP						
CITY-ST-ZIP TITLE			1.4 CITY 2.1 TITL		- ZIP		Change	Addition	
	AASTES WAVE I						CT CHARIGO	L Addition	
NAME	AASSA DOIOAT ADTEK DD		2.2 NAME						
STREET ADDRESS	, , , , , , , , , , , , , , , , , , , ,		2.3 STREET ADDRESS		address			i	
CITY-ST-ZIP			2. 4 CIT		- ZIP		· • • • • • • • • • • • • • • • • • • •		
TITLE	CACTED MADIA D			3.1 TITLE			Change	Addition	
NAME			3.2 NAM	3.2 NAME					
STREET ADDRESS			3.3 STA	EET A	uddress				
CITY-ST-ZIP			3.4. CIT	Y-ST	- ZIP				
TITLE	VI	4.1		.E			☐ Change	Addition	
NAME	GASTER, MARIA R		4. 2 NAME						
STREET ADDRESS	10553 BRIDGE CREEK DR.			EET A	LDORESS				
CITY-ST-ZIP	PENSACOLA FL 32508-9565		4.4 CITY-		- ZIP				
TITLE		DELETE	5.1 TITLE		1		Change	Addition	
NAME			5.2 NAM	dΕ					
STREET ADDRESS	ADDRESS 5:		5.3 STR	5.3 STREET ADDRESS					
CITY-ST-ZIP			5.4 CITY		l				
TITLE		DELETE	6.1 TITL			· · · · · · · · · · · · · · · · · · ·	Change	☐ Addition	
NAME			6.2 NAM	ΛE			•	J	
STREET ADDRESS					DDRESS .]	
CITY-ST-ZIP									
M11-21-78	<u> </u>		6.4 CITY	1-31-	-zir				

lied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is the information of the same legal effect as if made under eath; that I am an effective control of the empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in