FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 AM 8:43

DOCUMENT # P93000033189 (0)

1. Corporation Name

ATLANTIC RECONNAISSANCE, INC.

Principal Place of Business
777 S FEDERAL HWY #E107
POMPANO BEACH FL 33062

Mailing Address
777 S FEDERAL HWY #E107
POMPANO BEACH FL 33062

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/06/1993
3a. Date of Last Report: 04/01/1994

2. Principal Place of Business: 21 ___ Suite, Apt #, etc: 22 ___ City & State: 23 ___ Zip: 24 ___ Country: 25 ___

2a. Mailing Address: 26 ___ Suite, Apt #, etc: 27 ___ City & State: 28 ___ Zip: 29 ___ Country: 30 ___

4. FEI Number: 65-0415626 ☐ 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

9. Name and Address of Current Registered Agent

DENMAN, JAMES B
500 E BROWARD BLVD
STE 1050
FT LAUDERDALE FL 33394

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 2400 EAST COMMERCIAL BOULEVARD
83 SUITE 208
84 City: FORT LAUDERDALE FL 85 Zip Code: 33308

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] PRESIDENT. STEPHAN J. ARTHUR 14 JAN 1995

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	ARTHUR, STEPHAN J
STREET ADDRESS	777 S FEDERAL HWY #E107
CITY-ST-ZIP	POMPANO BEACH FL 33062
TITLE	D
NAME	COLLETT, MICHAEL J H
STREET ADDRESS	SANDY ACRE, RUE D'GALLICHE
CITY-ST-ZIP	ST OUEN, JERSEY, CHANNEL ISL
TITLE	D
NAME	SABIN, PAUL C
STREET ADDRESS	WESTFIELD HOUSE, MIDDLE RD, HARBURY
CITY-ST-ZIP	LEAMINGTON SPA, WARWICKSHIRE
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

1.1 TITLE	P/S	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	C	☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(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.

SIGNATURE: [signature] PRESIDENT 14 JAN 95 713 641 1393

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

STEPHAN J. ARTHUR

0104007 CP