

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

**FILED**

**Jan 22 1997 8:00am  
Secretary of State**



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

PROFIT CORPORATION  
ANNUAL REPORT  
**1997**

**DOCUMENT # P95000062469 (8)**

1. Corporation Name  
**ATLANTIS FUNDING CONCEPTS, INC.**



Principal Place of Business: **6435 EASTPOINTE PINES STREET PALM BEACH GARDENS FL 33418**  
Mailing Address: **POST OFFICE BOX 32994 PALM BEACH GARDENS FL 33420-2994**

3. Date Incorporated or Qualified: **08/11/1995**  
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business  
21 **2421 CARDINAL LANE**  
22 Suite, Apt #, etc.

2a. Mailing Address  
26 Suite, Apt #, etc.

4. FEI Number: **65-0599097**  
Applied For:  Not Applicable:

23 **PALM BEACH GARDENS, FL**  
City & State

27 City & State

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

24 **3340** Zip  
25 **USA** Country

29 Zip  
30 Country

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

24 **3340** Zip  
25 **USA** Country

29 Zip  
30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHRISTIAN, RICHARD F  
6435 EASTPOINTE PINES STREET  
PALM BEACH GARDENS FL 33418**

81 Name: **RICHARD F. CHRISTIAN**  
82 Street Address (P.O. Box Number is Not Acceptable): **2421 CARDINAL LANE**  
83  
84 City: **PALM BEACH GARDENS** FL 85 Zip Code: **33410**

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]* DATE: **1/6/97**  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CHRITIAN, RICHARD F	
STREET ADDRESS	6435 EASTPOINTE PINES STREET	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	JONES, PAULA M	
STREET ADDRESS	6435 EASTPOINTE PINES STREET	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CHRISTIAN, RICHARD F.	
1.3 STREET ADDRESS	2421 CARDINAL LANE	
1.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JONES, PAULA M.	
2.3 STREET ADDRESS	2421 CARDINAL LANE	
2.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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]* DATE: **1/6/97**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)