

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

**FILED**  
**Apr 12, 1999 8:00 am**  
**Secretary of State**

04-12-1999 90011 043 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P98000032655**

1. Corporation Name  
**ATLANTIC ENTERPRISES OF PALM COAST, INC.**



Principal Place of Business Mailing Address  
 5888 N OCEAN BLVD 5888 N OCEAN BLVD  
 OCEAN RIDGE FL 33435 OCEAN RIDGE FL 33435  
*new address - may 11-99 for both 721 NE 76th ST Boca Raton FL 33435*

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip 28 Country  
 24 25 29 30

3. Date Incorporated or Qualified  
**04/09/1998**  
 4. FEI Number Applied For  
**65-0827107** Not Applicable  
 5. Certificate of Status Desired **NO** \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
 7. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
**AMERIDAWYER**  
**343 ALMERIA AVENUE**  
**CORAL GABLES FL 33134**  
*Tom UNRINE*  
*5888 N. OCEAN Blvd*  
*Ocean Ridge FL 33435*  
*Change May 11 as above*

10. Name and Address of New Registered Agent  
 81 Name **TOM UNRINE**  
 82 Street Address (P.O. Box Number is Not Acceptable) **5888 N. Ocean Blvd**  
 83 **Ocean Ridge FL**  
 84 City **FL** 85 Zip Code **33435**

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 *Thomas M. Unrine* **PRES. THOMAS M. UNRINE** **4-6-99**  
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	<b>PSTD</b>	<input type="checkbox"/> DELETE
NAME	<b>UNRINE, THOMAS M</b>	
STREET ADDRESS	<b>5888 N OCEAN BLVD</b>	
CITY-ST-ZIP	<b>OCEAN RIDGE FL 33435</b>	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 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: *Thomas M. Unrine* **SIGNATURE REQUIRED THOMAS M. UNRINE PRES. 46-99 561-734-701**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

1344374

CP2022A-11001