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FILED
Jan 30 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **S23596** (7)
1. Corporation Name
2071 SOUTH ATLANTIC, INC.



Principal Place of Business: **2071 S ATLANTIC AVE DAYTONA BEACH SHORES FL 32118-5007**
Mailing Address: **2071 S ATLANTIC AVE DAYTONA BEACH SHORES FL 32118-5007**

3. Date incorporated or Qualified: **01/09/1991**
3a. Date of Last Report: **05/01/1996**
4. FEI Number: **59-3045637**
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

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

9. Name and Address of Current Registered Agent: **HAWKINS, DONALD E 501 S RIDGEWOOD AVE DAYTONA BEACH FL 32114**
81 Name; 82 Street Address (P.O. Box Number is Not Acceptable); 83; 84 City; 85 Zip Code: **FL**

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]* **1/24/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D <input type="checkbox"/> DELETE	NAME: FOWLER, WILMOTH G	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 245 SEAHAWK	CITY-ST-ZIP: DAYTONA BCH FL	1.2 NAME:	
TITLE: D <input type="checkbox"/> DELETE	NAME: FOWLER, EVELYN F	1.3 STREET ADDRESS:	
STREET ADDRESS: 245 SEAHAWK	CITY-ST-ZIP: DAYTONA BCH FL	1.4 CITY-ST-ZIP:	
TITLE: D <input checked="" type="checkbox"/> DELETE	NAME: WHITE, O.L.	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 3555 S ATLANTIC AVE	CITY-ST-ZIP: DAYTONA BCH FL	2.2 NAME:	
TITLE: D <input checked="" type="checkbox"/> DELETE	NAME: WHITE, MABEL	2.3 STREET ADDRESS:	
STREET ADDRESS: 3555 S ATLANTIC AVE	CITY-ST-ZIP: DAYTONA BCH FL	2.4 CITY-ST-ZIP:	
TITLE: D <input type="checkbox"/> DELETE	NAME: LUSTIK, GREGORY A	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 1991 SPRUCE CREEK CIR N	CITY-ST-ZIP: DAYTONA BCH FL	3.2 NAME:	
TITLE: T <input type="checkbox"/> DELETE	NAME: LUSTIK, JANET	3.3 STREET ADDRESS:	
STREET ADDRESS: 1991 SPRUCE CREEK CIR. N.	CITY-ST-ZIP: DAYTONA BCH FL	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]* **1/25/97** **904-252-1534**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Res.** Date: Daytona Phone #

CR2E034 (9/96)