

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L94415** (1)

1. Corporation Name

ATLANTIC LAND CORPORATION

Principal Place of Business

Mailing Address

**4500 PGA BLVD.
SUITE 304B
PALM BEACH GARDENS FL 33418**

**4500 PGA BLVD.
SUITE 304B
PALM BEACH GARDENS FL 33418**



2. Principal Place of Business

21 4200 Wackenhut Drive

Suite, Apt. #, etc.

22 Suite 110

City & State

23 Palm Beach Gardens FL

Zip Country

24 33410

25

2a. Mailing Address

26 4200 Wackenhut Drive

Suite, Apt. #, etc.

27 Suite 110

City & State

28 Palm Beach Gardens FL

Zip Country

29 33410

30

9. Name and Address of Current Registered Agent

**FLANIGAN, JOHN F
625 N FLAGLER DR
9TH FLOOR, BARNETT CENTRE
WEST PALM BEACH FL 33401**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

08/17/1990

3a. Date of Last Report

04/25/1995

4. FEI Number

65-0214072

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

10. Name and Address of New Registered Agent

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 printed name of registered agent and date of appointment

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DPS** ☐ DELETE

NAME **TAMBONE, RICHARD P.**
STREET ADDRESS **4500 PGA BLVD., SUITE 304B**
CITY-ST-ZIP **PALM BEACH GARDENS FL**

TITLE **DVT** ☐ DELETE

NAME **TAMBONE, LORI B.**
STREET ADDRESS **4500 PGA BLVD., SUITE 304B**
CITY-ST-ZIP **PALM BEACH GARDENS FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DPT** ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS **4200 Wackenhut Dr., Suite 110**
1.4 CITY-ST-ZIP **Palm Beach Gardens FL 33410**

2.1 TITLE **DVS** ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS **4200 Wackenhut Dr., Suite 110**
2.4 CITY-ST-ZIP **Palm Beach Gardens FL 33410**

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)(k), 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 affidavit.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-96
Date

407-625-0008
Daytime Phone #

CR2E034 (12/95)