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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 210250

(7)

## FILED Mar 23 1998 8:00am Secretary of State

ATLAN	TIC RIDGE CORPORATION				
Principal Plac	e of Business	Mailing Address		LEGRING HINGT LINCH ONHIN HUNDL ANGUL	MRTE ANDLE MINIT DEALS NUMBE MEANS ALAST 1981
5070 N AIA 5070 N AIA SUITE 205 VERO BEACH FL 32963 VERO BEACH FL 32963 US US				DO NOT WRI	TE IN THIS SPACE
				03/04/1958	Ť
2, Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 880	Over Shelllo	26 PO Box 3	432	59-0902445	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		8. Certificate of States Desired	Fee Required
City & Stat	_	City & State		6. Election Campaign Financing	
23 Verc		28 Vero Beac		Trust Fund Contribution	Added to Fees
- Zφ <b>ΔΩΔ</b>	Country	Zip 2021 20123	Country	8. This corporation owes or has	
24 339	9. Name and Address of Current		a Indian Riv	Personal Property Tax due Ju 10. Name and Address of New I	
ME	LSON, DANIEL W	Trogrator ou rigorii.	81 Name	10, 144110 4110 24041000 01 11011	Togetoriou Agont
	70 N AIA		L. I		
	TTE 205		82 Street Addi	ress (P.O. Box Number is Not Accept	table)
	RO BEACH FL 32963		83	. Oyska skeet	
	NO DESCRIPE DECOC				
			84 Sity	Beach	FL 85 Zip Code 3
11. Pursuant office or ragent. La	to the provisions of Sections 607.0502 egistered agent, or both, in the State c im familiar with, and accept the obligat	and 607.1508, Florida Statutes, of Florida. Such change was auth ions of, Section 607.0505, Florid	the above-named corp orized by the corporat a Statutes.	poration submits this statement for the	e purpose of changing its registered cept the appointment as registered
SIGNATURE		Wote b			6415
12.	Signature, typod or printed harne of registered agost OFFICERS AND		egistered Agent signature requi		FICERS AND DIRECTORS IN 12
TALE	PD	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12 Change Addition
NAME	RILEY JR, HOWARD W	<b>3</b>	1.2 NAME		
STREET ADDRESS	524 SABLE OAK LN		1.3 STREET ADDRESS		[8
CITY-ST-ZIP	VERO BCH FL 32963	ľ	1.4 CITY-ST-ZIP		ž(
THLE	VSD	DELETE	2.1 TITLE		Change Addition C
NAME	NELSON, DANIEL W		2.2 NAME		ŀ
STREET ADDRESS	880 OYSTER SHELL LANE		2.3 STREET ADDRESS		}
CITY-ST-ZIP	VERO BCH FL 32963	i	2. 4 CITY-ST-ZIP	₹ <sup>7</sup> *	,
TITLE	TD	☐ DELETE	3.1 TITLE		Change Addition
NAME	NELSON, ELOISE		3.2 NAME		
STREET ADDRESS	880 OYSTER SHELL LANE		3.3 STREET ADDRESS		į
CITY - ST - ZIP	VERO BEACH FL 32963		3.4. CITY-ST-ZIP		
TITLE	AS	DELETE	4.1 TITLE		Change Addition
NAME	RAWLS, B.D.		4. 2 NAME		
STREET ADDRESS	4649 PONCE DELEON BLVD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33146		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		1
CITY - ST - ZIP		_	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 arrival 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

Elarae Rhelon- Eloise R Nelson

3/16/98 (561)284-1690