

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 301622 (7)

1. Corporation Name

ATLANTIC FLORIDA CORP

Principal Place of Business

Mailing Address

3414 LEIGH ROAD
P.O. BOX 1546
POMPANO BEACH FL 33061

3414 LEIGH ROAD
P.O. BOX 1546
POMPANO BEACH FL 33061



3. Date Incorporated or Qualified

02/08/1966

3a. Date of Last Report

06/26/1995

2. Principal Place of Business

2a. Mailing Address

21. C/O G. EDW. MEEHAN

26. C/O G. EDW. MEEHAN

Suite, Apt #, etc

Suite, Apt #, etc

22. 20 CAYUGA ROAD

27. 20 CAYUGA ROAD

City & State

City & State

23. FORT LAUDERDALE, FL

28. FORT LAUDERDALE, FL

Zip

Country

Zip

Country

24. 33308

25. US

29. 33308

30. US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MEEHAN III, C EDWARD
3414 LEIGH ROAD
POMPANO BEACH FL 33062

81. Name

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

20 CAYUGA ROAD

83.

84. City

FORT LAUDERDALE, FL

85. Zip Code

33308

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

C. Edward Meehan

C. EDWARD MEEHAN

6-8-96

Signature typed by print name of registered agent and for it applicable

(If FEE Registered Agent signature required when reinstating)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME MEEHAN III, C EDWARD

STREET ADDRESS 3414 LEIGH ROAD

CITY-ST-ZIP POMPANO BEACH FL

TITLE D ☐ DELETE

NAME MEEHAN, SHERRY R

STREET ADDRESS 3414 LEIGH ROAD

CITY-ST-ZIP POMPANO BEACH 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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. EDWARD MEEHAN

6-8-96

954/940-9700

Date

Date of Filing

CR2E034 (3/96)