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

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAR -3 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 345681 (1)

1. Corporation Name
ATLANTIC APARTMENTS, INC.

Principal Place of Business	Mailing Address
90 N.E. 19TH AVE. DEERFIELD BEACH FL 33441	~~4120 NE 82 TERR~~ ~~LIGHTHOUSE POINT FL 33064~~ ~~US~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/06/1969
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21)	2a. Mailing Address (26)	4. FEI Number: 59-1385628	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State (23)	City & State (28): DEERFIELD BEACH, FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / Country (24, 25)	Zip / Country (29, 30): FL 33441	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

~~F. A DAIRE & ASSOC.~~
~~41 20 NE 27 TERR.~~
~~LIGHTHOUSE POINT FL 33068~~

10. Name and Address of New Registered Agent

81 Name: GEORGE KEELER, PRESIDENT
82 Street Address (P.O. Box Number is Not Acceptable): 90 NE 19TH AVE #2
83
84 City: DEERFIELD BCH FL 85 Zip Code: 33441

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, 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: GEORGE KEELER 2/26/95
(Required for profit and not for profit corporations) (NOTE: Registered Agent signature required when reinstated) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	11 TITLE	☐ Change ☐ Addition
NAME	KOSLAGO, MARK	12 NAME	
STREET ADDRESS	90 NE 19 AVENUE #11	13 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BCH FL	14 CITY-ST-ZIP	
TITLE	AT	21 TITLE	AT ☒ Change ☐ Addition
NAME	MIKE, ETHEL	22 NAME	WIKE, ETHEL
STREET ADDRESS	90 NE 19 AVENUE #6	23 STREET ADDRESS	90 NE 19TH AVE #6
CITY-ST-ZIP	DEERFIELD BCH, FL 00000	24 CITY-ST-ZIP	DEERFIELD BEACH, FL 33441
TITLE	P	31 TITLE	☐ Change ☐ Addition
NAME	KEELER, GEORGE	32 NAME	
STREET ADDRESS	90 NE 19 AVENUE #2	33 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BCH, FL 00000	34 CITY-ST-ZIP	
TITLE	ST	41 TITLE	☐ Change ☐ Addition
NAME	MAURER, PAUL	42 NAME	
STREET ADDRESS	90 NE 19 AVE #11	43 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BCH, FL 00000	44 CITY-ST-ZIP	
TITLE	AS	51 TITLE	☐ Change ☐ Addition
NAME	LOMONACO, PAUL	52 NAME	
STREET ADDRESS	90 NE 19 AVE 3 7	53 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BCH, FL 00000	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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 13 if changed, or on an attachment with an address.

SIGNATURE: Mark Koslaga V.P. MARK KOSLAGA 2/14/95 305/771 1211
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone #

0107631 CP