

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90133 033 ***150.00

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DOCUMENT # 345681

1. Corporation Name

ATLANTIC APARTMENTS, INC.

Principal Place of Business

90 N.E. 19TH AVE.
DEERFIELD BEACH FL 33441

Mailing Address

90 NE 19TH AVE.
DEERFIELD BEACH FL 33447
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/06/1969

4. FEI Number

59-1385628

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

KEELER, GEORGE P
90 NE 19TH AVE., 2
DEERFIELD BEACH FL 33441

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP ☐ DELETE
NAME KOSLAGO, MARK
STREET ADDRESS 90 NE 19 AVENUE #11
CITY-ST-ZIP DEERFIELD BCH FL

TITLE AT ☒ DELETE
NAME WIKE, ETHEL
STREET ADDRESS 90 NE 19TH AVE., 6
CITY-ST-ZIP DEERFIELD BEACH FL

TITLE P ☐ DELETE
NAME KEELER, GEORGE
STREET ADDRESS 90 NE 19 AVENUE #2
CITY-ST-ZIP DEERFIELD BCH, FL 00000

TITLE ST ☒ DELETE
NAME MAURER, PAUL
STREET ADDRESS 90 NE 19 AVE #11
CITY-ST-ZIP DEERFIELD BCH, FL 00000

TITLE AS ☐ DELETE
NAME RENKIEWICZ, A. T. REV
STREET ADDRESS 90 NE 19TH AVE #3
CITY-ST-ZIP DEERFIELD FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☒ Addition
2.2 NAME AT
2.3 STREET ADDRESS DOHERTY PHILIP
2.4 CITY-ST-ZIP 90 NE 19th AVE 8
DEERFIELD BEACH FL

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 ST
4.3 STREET ADDRESS GUARINO ROCKY
4.4 CITY-ST-ZIP 90 NE 19th AVE 9
DEERFIELD BEACH FL

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 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, with all other like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (11/98)