## 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

## DOCUMENT # 420926

1. Corporation ATLANTIC	C GENERAL CORPORATION	1								
Principal Place of Business Mailing Address										
6500 SW 11 ST MIAMI FL 33156 US			6500 SW 111 ST MAIMI FL 33156 US				DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualifed 03/12/1973			
2. Principal Place of Business			2a. Mailing Address				4. FEI Number	$\vdash$	plied For	
21			26				59-1445591		t Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional	
22			<u> </u>				Fee Required			
City & State			City & State				6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees			
Zip Country			Zip Cour				8. This corporation owes the current year Intang		_ 1	
24	25	29	30	7			Personal Property Tax. Yes No			
	9. Name and Address of Curren	stered Agent				10. Name and Address of New Registered Agent				
				81		Name	•		1	
	iley, Herb B Sw 111 St		82	;	Street Addre	ess (P.O. Box Number is Not Acceptable)		B. 44. 3 (4.4.)		
MIAMI FL 33156										
					FL T			_   `		
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							d when reinstating) (15)		·	
Signature, typed or printed name of registered agent and title if applicable. (N				E: Registered Agent signature require			ed when reinstating) Q Q Q DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
12.		ואוט טו	DELETE	1.1 TITLE				Change	Addition	
TITLE	•	_					* 174.# .		_	
NAME	THE GEET, THE TE				1.2 NAME 1.3 STREET ADDRESS				ì	
STREET ADDRESS 6500 SW 111 ST							•			
CITY-ST-ZIP	MIAMI FL			1.4 CITY-5	ST-	ZIP		Change	Addition	
TITLE							<u> </u>	_ •9-	٠	
NAME	MOSELEY, LOUISE			2.2 NAME						
STREET ADDRESS	SET EACT ET CI.			2.3 STREE	ET A	ADDRESS	•		Į	
CITY-ST-ZIP				2.4 CITY-	_	-ZIP		Change	[ ] Addition	
TITLE .	· ·		☐ DELETE	3.1 TITLE			L			
NAME .				3.2 NAME					ļ	
STREET ADDRESS				3.3 STREE	ET/	ADDRESS	200 新设金统 李俊 新夏繁	10	法論語	
CITY-ST-ZIP				3.4. CITY-		-ZIP		7.0	CATTON AND TO	
TITLE			☐ DELETE	4.1 TITLE			1.347.17.45。 (1.35.16.5) [1.45.35.34]	_ спange	'i≟-⊡ Addition	
NAME	•			4. 2 NAME	Ε	1			.	
STREET ADDRESS				4.3 STREE	ET /	ADDRESS			<u>,</u>	
CITY-ST-ZIP				4.4 CITY-	ST-	-ZIP		<u> </u>		
TITLE			☐ DELETE	5.1 TITLE				Change	☐ Addition	

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.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

**SIGNATURE:** 

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

Change

Addition

**FILED** 

Feb 11, 1999 8:00am

**Secretary of State** 

02-11-1999 90052 041 \*\*\*150.00