Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90093 047 ***150.00

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 # 445290

1. Corporation Name

CREAT ATLANTIC OF FLORIDA INC

GNEALA	RILANTIC OF FEORIDA, INC	,•					
Principal Place	e of Business	Mailing Address				III ABII AISII AISII DISII SI	fürk Brühr dingt tabi
2 EATON STREET, SUITE #1100 2 EATON STREET. SUITE #							
HAMPTON VA 23669 HAMPTON VA 23669							
						TE IN THIS SPACE	
					3, Date Incorporated or Qualifed		
					02/05/1974		
2. Principal P	ace of Business	2a. Mailing Address	-		4. FEI Number		Applied For
21		26			54-0955605		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		5 Additional
22		27			3 . 33. 33. 34. 35. 35. 35. 35. 35. 35. 35. 35. 35. 35	Fee	e Required
City & Stat	e	City & State		_	6. Election Campaign Financing		00 May Be
23		28			Trust Fund Contribution	Add	led to Fees
Zip	Country	Zip	Coun	try	This corporation owes the curr		
24		29	30		Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New F	legistered Agent	
4/1-1 1	N/ NAMI (AARI			81 Name			1
KELLY, WILLIAM				82 Street Add	ress (P.O. Box Number is Not Accepta	able)	
6301 BISCAYNE BLVD.							
	E 100			83			
MIAN	/II FL 33138		-	84 City		85	Zip Code
			}	84 City		FL [°°] '	LIP COUL
office or r	to the provisions of sections our vegistered agent, or both, in the State or familiar with, and accept the obligations of sections our vegistered agent agent or printed name of registered agent or printed name or print	of Florida. Such change was a tions of, Section 607.0505, Flo	authorized orida Statu	by the corporati	poration submits this statement for the ion's board of directors. I hereby accepted when reinstating)	ot the appointment a	s registered
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AND DIREC	CTORS IN 12
TITLE	DT	☐ DELETE	1.1 TITL	E		☐ Char	
NAME	JOSEPH, EDWIN A.		1.2 NAM	AE			
STREET ADDRESS	2 EATON STREET, STE 1100			EET ADDRESS			
	HAMPTON VA 23669			Y-ST-ZIP			· .
CITY-ST-ZIP	S	DELETE	2,1 TITL			☐ Char	nge Addition
		702277	2.2 NA			_	
NAME	BYRNE, JOSEPH P.						į
STREET ADDRESS	2 EATON STREET SUITE 1100			REET ADDRESS			_
CITY-ST-ZIP	HAMPTON VA 23669	☐ DELETE	2. 4 CIT	Y-ST-ZIP		☐ Char	nge Addition
TITLE	P	☐ DELETE					
NAME	LAYNE, AUBREY L JR		3.2 NA				1
STREET ADDRESS	2 EATON STREET, SUITE 1100	t		REET ADDRESS			
CITY-ST-ZIP	HAMPTON VA 23669			Y-ST-ZIP		[Char	nge Addition
TITLE	AS	☐ DELETE	4.1 TITI			□ Chac	igeAddition
NAME	KELLY, WILLIAM		4. 2 NA				
STREET ADDRESS	6301 BISCAYNE BLVD., SUITE	100	4.3 STF	REET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33138		4,4 CIT	Y-ST-ZIP			F-7 4 1 20
TITLE		☐ DELETE	5.1 TIT	I		Chai	nge 🔲 Addition
NAME			5.2 NA	I .			
STREET ADDRESS			5.3 STF	REET ADDRESS	•		
CITY-ST-ZIP			5 4 CIT	Y-ST-ZIP		 	
TITLE		☐ DELETE	6.1 TITI	.E		☐ Chat	nge

CITY-ST-ZIP 14. I hereby certify the anion 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 the 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.

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS