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PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # 464650

1. Corporation Name ATLANTIC ELECTRONICS, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90038 013 ***158.75



| | | | | | [] [] [] [] [] [] [] [] [|
|---|--|---|------------------------|------------------|---|
| Principal Place of Business Mailing Address | | | | | 1 188(11 atalia etti atalia atti atti atti atti atti atti |
| 1727 DONNA ROAD W. PALM BEACH FLORIDA 33409-5276 US | | 1727 DONNA ROAD W. PALM BEACH FLORIDA 33409-5276 US | | | DO NOT WRITE IN THIS SPACE |
| | | | | | 3. Date Incorporated or Qualifed |
| | | | | | 10/17/1974 |
| 2. Principal P | lace of Business | 2a. Mailing Address | 2a. Mailing Address | | 4. FEI Number Applied For |
| | | 26 | | | 59-1566460 Not Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | _ | | 5. Certificate of Status Desired \$8.75 Additional Fee Required |
| City & Stat | е | City & State | | | 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees |
| Zip | Country | Zip | Countr | у | 8. This corporation owes the current year Intangible |
| 24 | 25 | 29 30 | <u></u> | | Personal Property Tax. |
| | 9. Name and Address of Curre | ent Registered Agent | 8 | 4 Name | 10. Name and Address of New Registered Agent |
| CUD | DION CEOEDEN | | ° | 1 Name | |
| | DICK, GEOFFREY DATURA STREET, STE. 200 | | 8: | 2 Street A | Address (P.O. Box Number is Not Acceptable) |
| | ST PALM BEACH FL 33401 | | 8 | 3 | |
| 1110 | I FALM BLACITIE 33401 | | | <u> </u> | |
| | | | 8 | 4 City | FL 85 Zip Code |
| 44 Durayant | to the provisions of Sections 607.00 | 502 and 607 1508 Florida Statutes | the abo | _i ve-named / | corporation submits this statement for the purpose of changing its registered |
| office or r | egistered agent, or both, in the Stat | e of Florida. Such change was auth | orized b | y the corpo | oration's board of directors. I hereby accept the appointment as registered |
| agent. I a | m familiar with, and accept the obli | jations of, Section 607.0505, Florida | Statute | 98. | |
| SIGNATURE | Signature, typed or printed name of registered a | and title if applicable (NOTE: Res | ristered Aq | ent signature re | required when reinstating) DATE |
| 12. | | ND DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | CPSD | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | NURMI, LAWRENCE A | | 1.2 NAME | ≣ | |
| STREET ADDRESS | 501011 5015 | | 1.3 STRE | ET ADORESS | |
| CITY-ST-ZIP | WEST PALM BEACH FL | _ | 1.4 CITY- | ST-ZIP | |
| TITLE | D | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | NURMI, LAWRENCE A. | | 2.2 NAME | | |
| STREET ADDRESS | 1727 DONNA RD. | | 2.3 STRE | ET ADDRESS | |
| CITY-ST-ZIP | W. PALM BCH. FL | | 2. 4 CITY | -ST-ZIP | |
| TITLE | S | - DELETE | 3.1 TITLE | | |
| NAME | NURMI, LAWRENCE A. | | 3.2 NAME | | |
| STREET ADDRESS | 1727 DONNA RD. | | 3.3 STRE | ET ADDRESS | |
| CITY-ST-ZIP | W. PALM BCH. FL | | 3.4. CITY | | 70 DAMES |
| TITLE | | ☐ DELETE | 4.1 TTTLE | | □ Change □ Addition |
| NAME | | | 4. 2 NAM | | STEVEN D. CAMPBILL |
| STREET ADDRESS | | | 4.3 STRE | ET ADDRESS | 1727 DONNA ROMD |
| CITY-ST-ZIP | | | 4.4 CITY | | W. PANY BCH FL |
| TITLE | | ☐ DELETE | 5.1 TITLE | | Change Addition |
| NAME | | | 5.2 NAMI | | |
| STREET ADDRESS | | | i | ET ADDRESS | |
| CITY-ST-ZIP | | □ pereze | 5.4 CITY- 6.1 TITLE | | Change Addition |
| TITLE | | ☐ DELETE | 6.2 NAMI | | |
| NAME | | | | | |
| CTDCCT ADODECC | . | | 0.3 STRE | ET ADDRESS | |

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.

6.4 CITY-ST-ZIP

SIGNATURE