

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 553582 (8)

1. Corporation Name

ATLANTIC BAY, INC.



Principal Place of Business

Mailing Address

10185 COLLINS AVE  
APT 1410  
BAL HARBOUR FL 33154

40185 COLLINS AVE  
APT 1410  
BAL HARBOUR FL 33154

3. Date Incorporated or Qualified  
09/21/1977

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business  
21 2701 Oakbrook Manor

2a. Mailing Address  
26 2701 Oakbrook Manor

4. FEI Number  
59-1770743

Applied For  
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

23 City & State  
Fort Lauderdale, FL

28 City & State  
Fort Lauderdale, Fla.

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip  
33332

Country

29 Zip  
33332

30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZUCKERMAN, DONALD S  
10000 FERNAND  
FT LAUDERDALE FL 33326

2701 Oakbrook Manor  
Fort Lauderdale, FL  
33332

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 DP ☒ DELETE  
NAME ZUCKERMAN, BEA  
STREET ADDRESS 10185 COLLINS AVE #1410  
CITY - ST - ZIP BAL HARBOUR 33154

TITLE S ☒ DELETE  
NAME SERKIN, REUBEN  
STREET ADDRESS 18320 NW 7TH AVE  
CITY - ST - ZIP MIAMI FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President/Director ☒ Change ☐ Addition  
1.2 NAME Zuckerman, Donald S.  
1.3 STREET ADDRESS 2701 Oakbrook Manor  
1.4 CITY - ST - ZIP Fort Lauderdale, FL, 33332

2.1 TITLE Secretary ☒ Change ☐ Addition  
2.2 NAME Zuckerman, R. Mary  
2.3 STREET ADDRESS 2701 Oakbrook Manor  
2.4 CITY - ST - ZIP Fort Lauderdale, FL 33332

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  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

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 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)(k), 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.

SIGNATURE:

*Donald S. Zuckerman* Pres.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/96 (305) 389 0136  
Date Daytime Phone

CR2E034 (12/95)