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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 570846 1. Corporation Name

816 NORTH ATLANTIC AVE. CORP.

FILED Feb 08, 1999 8:00am **Secretary of State**

02-08-1999 90004 013 ***150.00



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Principal Place	e of Business	Mailing Address				IL ODIOT LOTIL OTOTA OTIL OTI	isi dibii bibii bibii i		
1201 HAYES ST S105		816 NORTH ATLANTIC AVE DAYOTNA FL 32118			,		NO CDACE		
TALLAHASSEE FL 32301 US					<u> </u>	DO NOT WRITE IN THIS SPACE . 3. Date Incorporated or Qualifed			
US					05/02/1978	oi Quaineu		1	
2 Principal D	lace of Business	2a. Mailing Address			4. FEI Number		l An	oplied For .	
21	lade of Bushiess	26			59-1825570			ot Applicable	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				• • • •	\$8.75		
22	•	27			5. Certifcate of Statu	s Desired 🔲	Fee Re	equired	
City & State	е	City & State			6. Election Campaig	n Financing	\$5.00	May Be	
23		28			Trust Fund Contri	oution	Added	to Fees	
Zip	Country	Zip	$\overline{}$	untry	8. This corporation of	•			
24	25	29	30		Personal Property		Yes	Ŭ ₩ NO	
	9. Name and Address of Current	Registered Agent		81 Name	10. Name and Addre	ss of New Register	eu Agent		
THE	PRENTICE-HALL CORPORATION	SYSTEM INC.				·	-		
	HAYS STREET	5151 <u>2</u> 1116.		82 Street A	Address (P.O. Box Number is	Not Acceptable)		`.	
	E 105			83					
	AHASSEE FL 32301				1 × 1	* * * * * * * * * * * * * * * * * * * *		4 × 4 × 4	
-				84 City		. F	85 Zip (Code ``	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida St	atutes, the	above-named	corporation submits this state	ment for the purpose	of changing its	registered	
office or r	registered agent, or both, in the State of m familiar with, and accept the obligation	if Florida. Such change wa	as authorize	ad by the corpo	oration's board of directors. I	nereby accept the ap	pointment as re	gistered	
→ agent. ra	in familial with, and accept the obligation	iona or, occupin our local,	, i londa ola	itatoo.		או	Jac 1	900 3	
						10	ALIV.	/ / //	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (N	NOTE: Registere	ed Agent signature re	equired when reinstating)	DATE	8-11K	297	
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	DIRECTORS	13			DATE GES TO OFFICERS			
*			13				AND DIRECTO	DRS IN 12 Addition	
12.	OFFICERS AND PD GREEN, IRWIN	DIRECTORS	13	J					
12.	OFFICERS AND PD GREEN, IRWIN 816 N ATLANTIC AVE	DIRECTORS	13 1.11 1.21 1.35	TITLE NAME STREET ADDRESS					
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND PD GREEN, IRWIN 816 N ATLANTIC AVE DAYTONA BEACH FL 32118	D DIRECTORS ☐ DELETE	13 E 1.11 1.21 1.35	I. TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
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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.