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Feb 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 605242

(7)

1. Corporation Name

ATLANTIC AIRLINES, INC.

Principal Place of Business

340 S. OCEAN BLVD.
P.O. BOX 2707
PALM BEACH FL 33480

Mailing Address

340 S. OCEAN BLVD.
P.O. BOX 2707
PALM BEACH FL 33480-2707



3. Date Incorporated or Qualified

12/26/1978

3a. Date of Last Report

02/20/1996

2. Principal Place of Business

21 255 S. County Rd

2a. Mailing Address

26 P.O. Box 2707

Suite, Apt. #, etc.

22 Suite 1

Suite, Apt. #, etc.

27

City & State

23 Palm Beach, FL

City & State

28 Palm Beach, FL

Zip

24 33480

Country

25

Zip

29 33480

Country

30

4. FEI Number

59-1885310

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

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

9. Name and Address of Current Registered Agent

FHS CORPORATE SERVICES, INC
1780 US HW ONE
SUITE 300
NORTH PALM BCH FL 33408

10. Name and Address of New Registered Agent

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 PD ☐ DELETE

NAME REYNOLDS, WILEY R. III
STREET ADDRESS 340 S. OCEAN BLVD.
CITY - ST - ZIP PALM BEACH FL

TITLE ST ☐ DELETE

NAME REYNOLDS, WILEY R. III
STREET ADDRESS 340 S. OCEAN BLVD.
CITY - ST - ZIP PALM BEACH FL

TITLE ☐ DELETE

NAME ☐ DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wiley R. Reynolds III

Date

1-12-97

Daytime Phone #

659-7900

CR2E034 (9/96)