

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

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

07-08-1999 90028 001 \*\*\*558.75

DOCUMENT # **609185**

1. Corporation Name

**ATLANTIC PROPERTY INVESTORS, INC.**



Principal Place of Business

027 SHERMAN STREET  
SUITE 425  
HOLLYWOOD FL 33020  
US

Mailing Address

3541 N 33RD TERRACE  
SUITE 425  
HOLLYWOOD FL 33021  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/29/1979**

4. FEI Number

**59-1880969**

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 owes the current year  
Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business

**3541 N. 33RD TERRACE**  
Suite, Apt. #, etc.

2a. Mailing Address

**3541 N. 33RD TERRACE**  
Suite, Apt. #, etc.

City & State

**HOLLYWOOD FLA.**

City & State

**HOLLYWOOD FLA.**

Zip

**33021**

Country

**US**

Zip

**33021**

Country

**US**

9. Name and Address of Current Registered Agent

**GRUHER, FREDRIC D.**  
**3541 NORTH 33RD TERRACE**  
**SUITE 425**  
**HOLLYWOOD FL 33021**

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

1. 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

*Fredric D. Gruher*  
Signature, typed or printed name of registered agent and title if applicable.

**FREDRIC D. GRUHER**  
(NOTE: Registered Agent signature required when reinstating)

**6/30/99**  
DATE

2. OFFICERS AND DIRECTORS

FILE	NAME	DELETE
FILE	<b>PST</b>	<input type="checkbox"/>
NAME	<b>GRUHER, FREDRIC D.</b>	
REET ADDRESS	<b>3541 N. 33RD TERRACE</b>	
Y-ST-ZIP	<b>HOLLYWOOD FL</b>	
FILE		<input type="checkbox"/>
NAME		
REET ADDRESS		
Y-ST-ZIP		
FILE		<input type="checkbox"/>
NAME		
REET ADDRESS		
Y-ST-ZIP		
FILE		<input type="checkbox"/>
NAME		
REET ADDRESS		
Y-ST-ZIP		
FILE		<input type="checkbox"/>
NAME		
REET ADDRESS		
Y-ST-ZIP		

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	<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE: *Fredric D. Gruher*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/30/99** **954.946.5436**  
Date Daytime Phone #

0024707

CR2E034 (5/99)