FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 9:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **639972** **(9)**

1. Corporation Name
ATLANTIC SYSTEMS, INC.

Principal Place of Business	Mailing Address
1925 NW 18TH ST POMPANO BEACH FL 33069	PO BOX 50108 LIGHTHOUSE POINT FL 33074

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/16/1979**
3a. Date of Last Report: **11/03/1994**

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24): Country (25): Zip (29): Country (30):

4. FEI Number: **59-1944693** ☐ 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

HYNES, MAURICE A.
4220 N.E. 26TH AVE.
LIGHTHOUSE POINT FL 33064

10. Name and Address of New Registered Agent

81 Name: H. Patricia Hynes
82 Street Address (P.O. Box Number is Not Acceptable):
83: 4220 N.E. 26th Avenue
84 City: Lighthouse Point FL 85 Zip Code: 33064

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: H. Patricia Hynes, President — H. P. Hynes. — 25 April 1995
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	HYNES, PATRICIA H.	12 NAME	
STREET ADDRESS	4220 NE 26TH AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	LIGHTHOUSE PT. FL	14 CITY-ST-ZIP	
TITLE	ST	21 TITLE	Sec/Treasurer ☒ Change ☐ Addition
NAME	HYNES, MAURICE A.	22 NAME	H. Patricia Hynes
STREET ADDRESS	4220 NE 26TH AVE.	23 STREET ADDRESS	4220 N.E. 26th Avenue
CITY-ST-ZIP	LIGHTHOUSE PT. FL	24 CITY-ST-ZIP	Lighthouse Point, Fl. 33064
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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: H. Patricia Hynes, President — H. Patricia Hynes 4-25-95 — 305-970-4452
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — DATE — Daytime Phone #

FP