

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **662749** (1)

1. Corporation Name
ATLANTIC LIMITED, INC.



Principal Place of Business

**5722 SOUTH FLAMINGTO RD
STE 302
COOPER CITY FL 33330
US**

Mailing Address

**5722 SOUTH FLAMINGO RD
STE 302
COOPER CITY FL 33330
US**

3. Date Incorporated or Qualified: **05/22/1980**
3a. Date of Last Report: **01/24/1995**

4. FEI Number: **59-2023290**
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. 199.03? Florida Statutes: Yes No

2. Principal Place of Business

2a. Mailing Address

21 | Suite, Apt. #, etc.

26 | Suite, Apt. #, etc.

22 | City & State

27 | City & State

23 | Zip | Country

28 | Zip | Country

24 | | 25 |

29 | | 30 |

9. Name and Address of Current Registered Agent

**HARRIS-FOX, DIANE
10801 SW 57TH PLACE
FT. LAUDERDALE FL 33328**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

84. City | **FL** | 85. Zip Code

11. Pursuant to the provisions of Sections 602.09(2) and 607.15(5), 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 changes are 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 607.09(4), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HARRIS-FOX, DIANE	
STREET ADDRESS	10801 SW 57TH PLACE	
CITY-STATE-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
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TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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*****200.00**

14. I do hereby certify that the information supplied with this filing is a true and correct statement of the facts and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information included on this form is not a false supplement of any report or filing and is not a false statement 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 assignee or transferee of the corporation, and that I am qualified to file this report as required by Chapter 607, Florida Statutes, and that my name appears in Book 12 or Book 15, Changes, or an amendment with an address.

SIGNATURE: *Diane Harris-Fox - Diane Harris-Fox* 4-1-96 305 434 3294

CR2E034 (12/95)

PRM 4-8-96