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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 662749

(1)

FILED Mar 12 1997 8:00am Secretary of State

ATLANTIC LIMITED, INC. Principal Place of Business. 5722 SOUTH FLAMINGTO RD STE 302 COOPER CITY FL \$3330		Mailing Address 5722 SOUTH FLAMINGO RD STE 302 COOPER CITY FL 33330-3206						
US		U\$			3. Date incorporated or Qualified 05/22/1980		e of Last F)8/1996	Report
2. Principal f	lace of Business	2a. Mailing Address			4. FEI Number	1 07/1		oplied For
21		26			59-2023290		<u> </u>	ot Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional equired
City & Sta	le	City & State	·		6. Election Campaign Financing			May Be
23 Ζ·ρ	Country	28		untry	Trust Fund Contribution	<u> </u>		to Fees
24	25	Zip	30	actory.	8. This corporation has liability for Florida Statutes	intangible t		. 199.032,
24	9. Name and Address of Curr	29 29 29 20 20 20 20 20 20 20 20 20 20 20 20 20	[30]	<u>γ</u>	10. Name and Address of New Re			
LIA.	RRIS-FOX, DIANE		··	81 Name				
	NOI SW 57TH PLACE							
	LAUDERDALE FL 33328			82 Street Addr	ress (P.O. Box Number is Not Acceptal	pie)		
1 1.	EVONCTIONET I C 00050			83		· · · · · · · · · · · · · · · · · · ·		
				1			1.21.2	
				84 City		FL	85 Zip	Code
11. Pursuant office or agent 1 a	to the provisions of Sections 607.0 registered agent or both, in the Starr familiar with, and accept the ob-	502 and 607.1508, Florida Si ale of Florida. Such change v ligations of, Section 607.0509	tatutes, the a was authorize 5, Florida Sta	bove-named corp d by the corporal tutes.	poration submits this statement for the tion's board of directors. I hereby acce	purpose of pt the appo	changing i sintment as	ts registered registered
SIGNATURE	Signature, typest or printed name of registered	agent and tale if applicable	[NOTE: Registere	bove-named corporated by the corporate tutes. Indicate the corporate tutes and the corporate tutes.	ired when reinstaling)	DATE		
	Signature, typest or printed name of registered		(NOTE: Registere	ed Agent signature requi		DATE CERS AND		
SIGNATURE	Signature typest or protect name of registered OFFICERS A	agent and to e if applicable	(NOTE: Registere	id Agent signature requi	ired when reinstaling)	DATE CERS AND	DIRECTOR	RS IN 12
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4. 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 conforation or the receiver or trustee empowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-97

932-6908