SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE **PROFIT** CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (1)**DOCUMENT #** F01463 ATLANTIS RESTAURANT, INC. Mailing Address Principal Place of Business C/O CHAMPIONS CLUB C/O CHAMPIONS CLUB 1099 ATLANTIC BLVD. 1099 ATLANTIC BLYD ATLANTIC BEACH FL 32233 3a. Date of Last Report ATLANTIC BEACH FL 32233 3. Date Incorporated or Qualified 10/14/1980 07/06/1995 Applied for FF1 Number 2a. Mailing Address 2. Principal Place of Business 59-2050975 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt #, etc 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intarigible tax under s. 199.032, Country Zιp Zip Yes No Florida Statutes 29 30 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name NOE, WILLIAM G., JR. Street Address (P.O. Box Number is Not Acceptable) 599 ATLANTIC BLVD. ATLANTIC BEACH FL 32233 83 Zip Code 85 84 City 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. Thereby accept the appointment as registered agent. Tam familiar with, and accept the obligations of Section 607,0505. Florida Statutes. \mathcal{N} へき DATE (NOT): Registered Agent signature required when reinstaling: Signature, type dior purified earne of orgestered agent and trio if approaching ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 Change ____ Adolbon DELFIE 1 1 TITLE TITLE 1.2 NAME SMITH, ROBERT N. NAME 1.3 STREET ADORESS 3809 VICKERS LAKE DR STREET ADDRESS 14 CHY - ST - ZIP JACKSONVILLE FL DITY-ST-ZIP Change Addition DELETE 2 1 TITLE TITLE SVT 2.2 NAME SMITH, JOSEFA C. NAME 2 3 STREET ADDRESS 3809 VICKERS LAKE DR STREET ADDRESS 2 4 CITY - ST-ZIP JACKSONVILLE FL CITY-ST-ZIF Change ____ Addition DELETE 3.1 HTLE TITLE 3.2 NAME SMITH, JOSEFA C. NAME 3 3 STREET ADDRESS 3809 VICKERS LAKE DR STREET ADDRESS 3.4 CITY - \$1 - ZIP JACKSONVILLE FL CITY-ST-ZIP Change Adde DELETE 41 111.8 TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - \$1 - ZIP CITY-ST-ZIP Change ______ DELETE 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP CITY-ST-ZIP Change DELETE 61 TITLE TITLE 6.2 NAME NAME 6 3 STREET ADDRESS STREET ADDRESS 6.4 CHTY - ST - ZIP 14. I do hereby certify that the information supplied with this Hing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statistic further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal efforts and the information of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statistic formation and the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statistic formation and the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statistic formation and the corporation of the corporation of the receiver of the corporation of the 12 or Block 13 if changed, or on an attachment with an address that my name appears in E 7-4-96 1904241-

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(36/8)

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