## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F61423

ATLANTIC PLAZA, INC.

Principal Place of Business

**SIGNATURE** 

Mailing Address

(2)

FILED										
Feb	12	1997	8:00am							
Se	ecre	tary o	of State							



C/O DANIEL L 6191 W ATLAN MARGATE FL :	ITIC BLVD	C/O DANIEL L CARNAHAI 8191 W ATLANTIC BLVD MARGATE FL 33083-5126	N		Date Incorporated or Qualified 01/08/1982	3a. Date o		əport
Dein ein al D	and of the size on	On Mailing Lydron		······	4. FEI Number	ט ון בטן		
2. Principal Place of Business		<del></del> -	2a. Mailing Address					plied For
21   Suito, Apt. #, etc.		Suite, Apt. #, etc.	26 Suite Apt # etc					t Applicable
22		27			5. Certificate of Status Desired	<b>10</b> N	Fee Re	· · · · · · · · · · · · · · · · · · ·
City & Stati 23	0	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
Zip 24	Country 25	Ζφ <b>29</b>	Countr	у	8. This corporation has liability for in Florida Statutes	intangible tax Yes 🔲 N		199.032,
	g, Name and Address of Cur	rent Registered Agent		~	10. Name and Address of New Re	gistered Age	nt	
CAF	MAHAN, DANIEL L.		81	Name				
619	1 W. ATLANTIC BLVD. RGATE FL 33063		82	Street Add	lress (P.O. Box Number is Not Acceptab	ole)	<u>-</u> -	
IWA	IONIE IE GOOGG		8:					
			84	City		FL	5 Zip (	Code
office or r	to the provisions of Sections 607.0 registered agent, or both, in the St im familiar with, and accept the ob	ate of Florida. Such change was:	authorized t	y the corpora	poration submits this statement for the pation's board of directors. I hereby acceptions	ourpose of cha of the appoint	inging It ment as	s registered registered
SIGNATURE	•							
46	Signature typed or printed name of registered	Lagent and title if applicable. (NOT AND DIRECTORS		eni signature requ	ired when reinstating)	DATE	POTOD	C (NI 40
<b>12.</b> TITLE	PD	DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFIC		Change	Addition
NAME	CARNAHAN, DANIEL L	□ beccir	1.2 NAME				O A Igo	
STREET ADDRESS	6191 W. ATLANTIC BLVD.			T ADDRESS				
CITY-SI-ZIP	MARGATE, FL 00000		1.4 CITY-					
TITLE	STD	DELETE	2.1 TITLE			П	Change	Addition
NAME	HIGGINS, C. SUE		2.2 NAME			_		
STREET ADDRESS	6191 W ATLANTIC BLVD			T ADDRESS				
CITY-SI-ZIP	MARGATE FL		2. 4 CITY		*			
MILE	DV	DELETE	3.1 T(TLE				Change	Addition
NAME	CARNAHAN, ROBERT B.		3.2 NAME				-	
STREET ADDRESS	6191 W. ATLANTIC BLVD.		3.3 STREE	T ADDRESS				
CITY-ST-ZIP	MARGATE FL		3.4. CITY	-ST-ZIP				
TITLE		DELETE	4.1 TITLE				Change	Addition
NAME			4. 2 NAM	E				
STREET ADDRESS			4.3 STRE	T ADDRESS				
CITY-ST-ZIP			4.4 C/TY-	ST-ZIP				
TITLE		DELETE	5.1 TITLE				Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STRE	T ADDRESS				
CITY - ST - ZIV			5.4 CHY-	ST-ZIP				
Trīlē		DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STRE	T ADDRESS				
CiTY - ST - ZIP			6.4 CITY	ST-ZIP				

14. 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 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.

Daniel L. Carnahan, President

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 30, 1997