

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.)

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # F93000000003 (4)

1. Corporation Name
ATLANTIC CORPORATION



Principal Place of Business Mailing Address
~~500 POST ROAD EAST, SUITE 320~~ ~~500 POST ROAD EAST, SUITE 320~~
~~WESTPORT CT 06880~~ ~~WESTPORT CT 06880~~
2419 E. Commercial Blvd, #304 **2419 E. Commercial Blvd, #304**
Fort Lauderdale, FL 33308 **Fort Lauderdale, FL 33308**

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

3. Date Incorporated or Qualified 3a. Date of Last Report
12/31/1992 **03/09/1995**
 4. FEI Number Applied For
06-1213530 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
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City 85 Zip Code
FL

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 DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ROSENBERG, MARVIN B	
STREET ADDRESS	500 POST ROAD EAST, SUITE 320	
CITY-ST-ZIP	WESTPORT CT 06880	
TITLE	VAS	<input checked="" type="checkbox"/> DELETE
NAME	ZUCKERMAN, PATRICIA B	
STREET ADDRESS	500 POST ROAD EAST, SUITE 320	
CITY-ST-ZIP	WESTPORT CT 06880	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	LANGEVIN, DAVID J	
STREET ADDRESS	500 POST ROAD EAST, SUITE 320	
CITY-ST-ZIP	WESTPORT CT 06880	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Gallagher, Thomas S.	
1.3 STREET ADDRESS	500 Post Road East, Suite 320	
1.4 CITY-ST-ZIP	Westport, CT 06880	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Zuckerman, Patricia B.	
3.3 STREET ADDRESS	2419 E. Commercial Boulevard, Suite 304	
3.4 CITY-ST-ZIP	Fort Lauderdale, FL 33308	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(k), Florida Statutes. I further certify that the information included 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Patricia B. Zuckerman*
 PATRICIA B. ZUCKERMAN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

August 5, 1996 (954) 202-9990

CR2E034 (3/96)