

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra R. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000000576 (9)

1. Corporation Name

ATLANTIC ALLIANCE FIDELITY AND SURETY COMPANY



Principal Place of Business

100 DOBBS LANE
SUITE 204
CHERRY HILL NJ 08003
US

Mailing Address

P.O. BOX 935
CHERRY HILL NJ 08034

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 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32399-0300

3. Date Incorporated or Qualified
02/09/1993

3a. Date of Last Report
05/26/1995

4. FEI Number
22-2982568

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. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box, etc.)
200001728872
-03/01/96-01020-026

83 City
***200.00

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

Signature of person making this statement (if not applicable)

(If the Registered Agent signature is required when filing)

DATE

12. OFFICERS AND DIRECTORS

11.1 TITLE
NAME
11.2 STREET ADDRESS
CITY, ST, ZIP
11.3 TITLE
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11.99 TITLE
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11.100 STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY, ST, ZIP
13.5 TITLE
13.6 NAME
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13.97 TITLE
13.98 NAME
13.99 STREET ADDRESS
13.100 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the protection of the 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 of this filing, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAY/TIME PHONE #

CR2E034 (12/95)