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Mar 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F93000004296 (0)

1. Corporation Name
ATLANTIC ASSOCIATES/WJB, INC.

Principal Place of Business
200 SOUTH ANDREWS AVENUE
FT. LAUDERDALE FL 33301

Mailing Address
200 SOUTH ANDREWS AVENUE
FT. LAUDERDALE FL 33301-1864



2. Principal Place of Business
21 1201 Elm Street
Suite, Apt. #, etc.

2a. Mailing Address
26 Suite, Apt. #, etc.

City & State
23 Dallas, Texas

City & State
27

Zip
24 75270

Country
25 USA

Zip
29

Country
30

3. Date Incorporated or Qualified
09/22/1993

3a. Date of Last Report
04/30/1996

4. FEI Number
65-0349457

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

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	BARRETT, H. SCOTT	
STREET ADDRESS	200 SOUTH ANDREWS AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	EMP	<input type="checkbox"/> DELETE
NAME	BYRNE, THOMAS C	
STREET ADDRESS	200 SOUTH ANDREWS AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	EMP	<input checked="" type="checkbox"/> DELETE
NAME	FLEETWOOD, ROBERT S	
STREET ADDRESS	200 SOUTH ANDREWS AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	EMP	<input checked="" type="checkbox"/> DELETE
NAME	HAWKINS, THOMAS W	
STREET ADDRESS	200 SOUTH ANDREWS AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	SV	<input checked="" type="checkbox"/> DELETE
NAME	WOODS, BRIAN	
STREET ADDRESS	200 SOUTH ANDREWS AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	CLARK, MIKE	
STREET ADDRESS	200 SOUTH ANDREWS AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CEO + Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	William Fields	
1.3 STREET ADDRESS	1201 Elm St.	
1.4 CITY-ST-ZIP	Dallas, TX 75270	
2.1 TITLE	Vice Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	1201 Elm Street	
2.4 CITY-ST-ZIP	DALLAS, TX 75270	
3.1 TITLE	Ex. V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Gary Peterson	
3.3 STREET ADDRESS	1201 Elm St.	
3.4 CITY-ST-ZIP	DALLAS, TX 75270	
4.1 TITLE	Ex. V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Adam Phillips	
4.3 STREET ADDRESS	1201 Elm Street	
4.4 CITY-ST-ZIP	DALLAS, TX 75270	
5.1 TITLE	Ex. V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Mark Gilman	
5.3 STREET ADDRESS	1201 Elm St.	
5.4 CITY-ST-ZIP	DALLAS, TX 75270	
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 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/97 954-832-3000

CR2E034 (9/96)