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

**PROFIT** CORPORATION ANNUAL REPORT

1998

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F94000002707 (7)

ATLANTIC PROPERTIES TRUST, INC.

**FILED** Apr 01 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						i indicias, dien dien autori dente sente delle	I <b>FO</b> LLI <b>Bello ilg</b> la i		(88) (88)	
2 EATON ST., STE. 1100 2 EATON ST., STE. 11 HAMPTON VA 23669 HAMPTON VA 23669				DO NOT WRITE IN THIS SPACE						
						3. Date Incorporated or Qualified			••	
.=.						05/24/1994				
	Place of Business	2a. Mailing A	ddress			4. FEI Number		Apr	olied For	
21		26				54-1698413		Not Applicable		
Suite, Apt.	#, etc.	Suite, Ap	Suite, Apt. #, etc.			5. Certificate of Status Desired	□ \$8	.75 A	dditional	
22		27	_ <del></del>			Continuate of Status Desired		Fee Req	uired	
City & Stat	e e	<u></u>	City & State			6. Election Campaign Financing		5.00 N		
<b>23</b> Zip	Country	28	Zip Country			Trust Fund Contribution		dded to		
24	} <b>-</b>	25 29		30		8. This corporation owes or has paid the current year Intangible				
		9. Name and Address of Current Registered Agent				Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent				
TU	E PRENTICE-HALL CORPORATION			81	<del></del>					
	DI HAYS ST., STE. 105	JN STOLEM, INC	<i>,</i> .							
TALLAHASSEE FL 32301				82	Street A	Address (P.O. Box Number is Not Acceptable)				
				83						
				84	City		85	Zip Co	ode	
11. Pursuant	to the provisions of Sections 607.057	12 and 607 1508 F	lorida Statutos	the above	named o	ornaration submits this statement for the su-	FL  °°			
office or r agent. I a	egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida. Such cations of, Section (	hange was aut	horized by	the corpo	orporation submits this statement for the puration's board of directors. I hereby accept	the appointment	ent as re	egistered	
SIGNATURE _										
- 10	Signature, typed or printed name of registered ag-		(NOTE R		nt signature re	quired when reinstaling)	DATE			
12.	C DEFICERS AN	D DIRECTORS	DELETE	13.		ADDITIONS/CHANGES TO OFFICE				
NAME	JOSEPH, EDWIN A	<b>L</b>	DECETE	1.1 TITLE	1		L 0	hange	Addition	
STREET ADDRESS	2 EATON ST., STE. 1100			1.2 NAME						
City-St-ZIP	HAMPTON VA 23669			1.3 STREET						
TITLE	P	<del>_</del>	DELETE	1.4 CITY-S 2.1 TITLE	1 - ZIP	<del></del>	□ CI	hanno	Addition	
NAME	LAYNE, AUBREY L JR	_	John	2.2 NAME				kt/lgc	Addition	
STREET ADDRESS	2 EATON STREET, SUITE 110	00		2.3 STREET	ADDDECC					
CITY-ST-ZIP	HAMPTON VA 23669	,,		2.4 CITY-S						
TITLE	S		DELETE	3.1 TITLE	St-ZIP		CI	hande	Addition	
NAME	BYRNE JOSEPH P.	h		3.2 NAME	- 1			An		
STREET ADDRESS	2 EATON ST. SUITE 1100			3.3 STREET	ADDRESS					
CITY-ST-ZIP	HAMPTON VA			3.4. CITY- S						
TITLE			DELETE	4.1 TITLE			CI	hanoe	Addition	
NAME				4.2 NAME				•		
STREET ADDRESS				4.3 STREET	ADDRESS				-	
CITY-ST-ZIP				4.4 CITY-S	T- ZIP				l	
TITLE			DELETE	51 TITLE			☐ Ci	hange	Addition	
NAME				52 NAME	- 1			•		
STREET ADDRESS				5 3 STREET	ADDRESS					
CITY-ST-ZIP				5.4 CITY- S	i					
TITLE		L	DELETE	6.1 TITLE	1		☐ cł	nange	Addition	
NAME				6.2 NAME					İ	
STREET ADDRESS				6.3 STREET	ADDRESS					
CITY-ST-ZIP				6 4 CITY-S	- ZIP					
14 I hereby c	actify that the information conviled &	ith thin filing door	not a volificator ti	L		- C4 440 07/0V/) CI/ 0/- 1 - 1 C				

ling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information preport is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an rustice exprovered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

Provident 3/21/00 767.004.32m