

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000000486 (9)

1. Corporation Name

ATLANTIC DEVELOPMENT & MANAGEMENT SE., INC.

Principal Place of Business

Mailing Address

P.O. BOX 1919
BOCA RATON FL 33429-1919

P.O. BOX 1919
BOCA RATON FL 33429-1919



21. Principal Place of Business 21. 700 SOUTH FEDERAL HIGHWAY Suite, Apt. #, etc.	22. 100 City & State 23. BOCA RATON, FL Zip 24. 33432	25. Country 25. USA	26. Mailing Address 26. 700 SOUTH FEDERAL HIGHWAY Suite, Apt. #, etc.	27. SUITE 100 City & State 28. BOCA RATON, FL Zip 29. 33432	30. Country 30. USA
-----------------------------------------------------------------------------------------	-------------------------------------------------------------------	------------------------	-----------------------------------------------------------------------------	-------------------------------------------------------------------------	------------------------

3. Date Incorporated or Qualified 01/30/1995	3a. Date of Last Report
4. FEI Number 65-0451393	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NEIMAN, JAN S
4800 N. FEDERAL HIGHWAY, STE 307B
BOCA RATON FL 33431

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 the applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAUSER, CHARLES R	1.2 NAME	
STREET ADDRESS	304 SOUTH MAYA PALM DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLTRA, JOHN R	2.2 NAME	
STREET ADDRESS	3315 SOUTHERN CAY DRIVE	2.3 STREET ADDRESS	700 SOUTH FEDERAL HIGHWAY, SUITE 100
CITY - ST - ZIP	JUPITER FL	2.4 CITY - ST - ZIP	BOCA RATON, FL 33432
TITLE	STD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D'ANGELO, ALBERT	3.2 NAME	
STREET ADDRESS	1082 LEDGEWOOD ROAD	3.3 STREET ADDRESS	
CITY - ST - ZIP	MOUNTAINSIDE NJ	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 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.

SIGNATURE:

John R. Goltra
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN R. GOLTRA

1/29/96 401-392-7678
Date Daytime Phone #

CR2E034 (12/95)