

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

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May 08 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # G14295 (1)

1. Corporation Name  
ATLANTIC INVESTMENT GROUP, INC.



Principal Place of Business  
% HERBERT A. BRIGGS, III  
3700 BATTERSEA ROAD  
MIAMI FL 33133

Mailing Address  
% HERBERT A. BRIGGS, III  
3700 BATTERSEA ROAD  
MIAMI FL 33133-6702

|   |                                       |
|---|---------------------------------------|
| 3. Date Incorporated or Qualified<br>12/16/1982   | 3a. Date of Last Report<br>01/25/1996 |
| 4. FEI Number<br>65-0043550   | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/>   | \$8.75 Additional Fee Required        |
| 6. Election Campaign Financing<br>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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                       |

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| 23 Zip                         | 28 Zip                 |
| 24 Country                     | 29 Country             |
| 25                             | 30                     |

9. Name and Address of Current Registered Agent  
BRIGGS, HERBERT A., III  
3700 BATTERSEA ROAD  
MIAMI FL 33133

10. Name and Address of New Registered Agent  
81 Name Briggs, Nancy K.  
82 Street Address (P.O. Box Number is Not Acceptable)  
3700 BATTERSEA ROAD  
83  
84 City Miami, FL FL 85 Zip Code 33133

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 Nancy K. Briggs Nancy K. Briggs 4-28-97  
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS |   |
|----------------------------|---|
| TITLE                      | PDSST <input checked="" type="checkbox"/> DELETE (Deceased) |
| NAME                       | BRIGGS, HERBERT A., III                                     |
| STREET ADDRESS             | 3700 BATTERSEA ROAD   |
| CITY-ST-ZIP                | MIAMI FL  |
| TITLE                      | D <input type="checkbox"/> DELETE                           |
| NAME                       | BRIGGS, NANCY K   |
| STREET ADDRESS             | 3700 BATTERSEA RD.  |
| CITY-ST-ZIP                | MIAMI FL 33133  |
| TITLE                      | <input type="checkbox"/> DELETE                             |
| NAME                       |   |
| STREET ADDRESS             |   |
| CITY-ST-ZIP                |   |
| TITLE                      | <input type="checkbox"/> DELETE                             |
| NAME                       |   |
| STREET ADDRESS             |   |
| CITY-ST-ZIP                |   |
| TITLE                      | <input type="checkbox"/> DELETE                             |
| NAME                       |   |
| STREET ADDRESS             |   |
| CITY-ST-ZIP                |   |

| 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|---|--|
| 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME  |  |
| 1.3 STREET ADDRESS                                    |  |
| 1.4 CITY-ST-ZIP                                       |  |
| 2.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME  | President  |
| 2.3 STREET ADDRESS                                    | Briggs, Nancy K.   |
| 2.4 CITY-ST-ZIP                                       | 3700 BATTERSEA RD.<br>Miami, FL 33133  |
| 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME  |  |
| 3.3 STREET ADDRESS                                    |  |
| 3.4 CITY-ST-ZIP                                       |  |
| 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 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 on an attachment with an address.

CP2E034 (9/96)