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

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|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT **1997** | FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS | **FILED** May 01 1997 8:00am Secretary of State |

**DOCUMENT #** **G68883** **(9)**

1. Corporation Name

~~C.C. VILLAGE DEVELOPMENT CORPORATION~~

ATLANTIC GULF C.C. CORP.

| Principal Place of Business | Mailing Address |
|---|---|
| LEGAL DEPT. 9TH FL 2601 S. BAYSHORE DR. MIAMI FL 33133-2461 | LEGAL DEPT. 9TH FL 2601 S. BAYSHORE DR. MIAMI FL 33133-5417 |

| 3. Date Incorporated or Qualified | 3a. Date of Last Report |
|---|---|
| 11/14/1983 | 04/16/1996 |

| 2. Principal Place of Business [21] | 2a. Mailing Address [26] | 4. FEI Number 59-2345044 | Applied For / Not Applicable |
|---|---|---|---|
| Suite, Apt. #, etc [22] | Suite, Apt. #, etc. [27] | 5. Certificate of Status Desired ☐ | **$8.75** Additional Fee Required |
| City & State [23] | City & State [28] | 6. Election Campaign Financing Trust Fund Contribution ☐ | **$5.00** May Be Added to Fees |
| Zip [24] Country [25] | Zip [29] Country [30] | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No | |

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| LANGLEY, MARCIA H LEGAL DEPT., 9TH FLOOR 2601 S. BAYSHORE DRIVE MIAMI FL 33133 | 81 Name JOEL K. GOLDMAN 82 Street Address (P.O. Box Number is Not Acceptable) 2601 S. Bayshore DR 83 9th Floor 84 City Miami 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 _____ *Joel K. Goldman 4/11/97*

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE **DP** ☐ DELETE | | 1.1 TITLE **VSD** | GOLDMAN, JOEL K. 2601 S. Bayshore DR Miam. FL 37133 | ☒ Change ☐ Addition |
| NAME **JEFFREY, THOMAS W.** | | 1.2 NAME | | |
| STREET ADDRESS **2601 S. BAYSHORE DRIVE** | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP **MIAMI FL** | | 1.4 CITY-ST-ZIP | | |
| TITLE **VT** ☐ DELETE | | 2.1 TITLE **VAS** | Langley, Marcia H. 2601 S. Bayshore DR Miami FL 33133 | ☒ Change ☐ Addition |
| NAME **FISCHER, JOHN H.** | | 2.2 NAME | | |
| STREET ADDRESS **2601 S. BAYSHORE DRIVE** | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP **MIAMI FL** | | 2.4 CITY-ST-ZIP | | |
| TITLE **VD** ☐ DELETE | | 3.1 TITLE **VD/C/AS** | CARLETON, CALLIS N. 2601 S. Bayshore DR Miami FL 33133 | ☒ Change ☐ Addition |
| NAME **CARLETON, CALLIS N.** | | 3.2 NAME | | |
| STREET ADDRESS **2601 S. BAYSHORE DRIVE** | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP **MIAMI FL 33133** | | 3.4 CITY-ST-ZIP | | |
| TITLE **VAS** ☐ DELETE | | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME **GOLDMAN, JOEL K.** | | 4.2 NAME | | |
| STREET ADDRESS **2601 S BAYSHORE DR** | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP **MIAMI FL 33133** | | 4.4 CITY-ST-ZIP | | |
| TITLE **VSD** ☐ DELETE | | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME **LANGLEY, MARCIA H** | | 5.2 NAME | | |
| STREET ADDRESS **2601 S BAYSHORE DR** | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP **MIAMI FL 33133** | | 5.4 CITY-ST-ZIP | | |
| TITLE ☐ DELETE | | 6.1 TITLE | 200002169982 -05/07/97--01093--055 ***165.00 | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | | |

CR2E034 (9/96)

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.

SIGNATURE: _____ *Joel K. Goldman 4/11/97* 305 859.4071

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #