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

U12

**PROFIT** FLORIDA DEPARTMENT OF STATE FILED CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 98 FEB 18 PM 3:58 DIVISION OF CORPORATIONS 1998 DOCUMENT #
1. Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA G68883 (9) ATLANTIC GULF C.C. CORP. Principal Place of Business Mailing Address LEGAL DEPT. 9TH FL LEGAL DEPT. 9TH FL 2001 S. BAYSHORE DR. 2001 S. BAYSHORE DR. DO NOT WRITE IN THIS SPACE MIAMI FL 33133-2461 MIAMI FL 33133-2461 3. Date Incorporated or Qualified 11/14/1983 2, Principal Place of Business Applied For 2a, Mailing Address 4, FEI Number Not Applicable 59-2345044 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional M 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution Added to Fees 23 28 Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible X Yes Personal Property Tax due June 30. 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name 81 GOLDMAN, JOEL K LEGAL DEPT. 9TH FL 82 Street Address (P.O. Box Number is Not Acceptable) 2601 \$. BAYSHORE DR. <del>800002435708--</del> -02/19/98--01104--014 83 MIAMI FL 33133-2461 84 City ####PSP995 \*\*\*\*158.7**E** 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.1 TITLE VSD TITLE VSD **GOLMAN, JOEL R** 1.2 NAME NAME Goldman, Joel K. 2601 S. BAYSHORE DRIVE 1.3 STREET ADDRESS STREET ADDRESS 2601 S. Bayshore Drive **MIAMI FL 33133** 1.4 CITY-ST-ZIP CITY-S9-ZIP Miami, Florida 33133 DELETE Change Addition 2.1 TITLE THLE VAS NAMÍ LANGLEY, MARLIA H 2.2 NAME Laguardia, John 2601 S. BAYSHORE DRIVE STREET ADDRESS 2.3 STREET ADDRESS 2601 S. Bayshore Drive **MIAMI FL 33133** 2.4 CITY-ST-ZIP Miami, Florida 33133 VDCAS CITY-ST-ZIP DELETE X Addition ☐ Change 3.1 TITLE TITLE VDCA Cook, Paula CARLETON, CALLIS N 3.2 NAME NAME 2601 S. Bayshore Drive 2601 S. BAYSHORE DRIVE 3.3 STREET ADDRESS STREET ADDRESS Miami, Florida 33133 **MIAMI FL 33133** 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE VAS GOLDMAN, JOEL K. 4. 2 NAME NAME Jeffrey, Thomas W. 2601 S BAYSHORE DR 4.3 STREET ADDRESS STREET ADDRESS 2601 S. Bayshore Drive Miami, Florida 33133 VAS **MIAMI FL 33133** 4.4 CITY-ST-ZIP CITY-ST-ZIP X Change Addition DELETE 5.1 TITLE TITLE Vŝd Langley, Marcia H. LANGLEY, MARCIA H 5.2 NAME NAME STREET ADDRESS 2601 S BAYSHORE DR 5.3 STREET ADDRESS 2601 S.Bayshore Drive **MIAMI FL 33133** 5.4 CITY - ST - ZIP Miami, Florida 33133 CITY - ST - ZIP Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Fiorida 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.

RVVID BOR DAS