

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

0439368

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90081 037 ***150.00

DOCUMENT # **H51746**

1. Corporation Name
ATLANTIC ASSETS, INC.



Principal Place of Business
2180 WEST FIRST ST
STE. 500
FORT MYERS FL 33901
US

Mailing Address
2180 WEST FIRST ST
STE. 500
FORT MYERS FL 33901
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/10/1985

4. FEI Number
59-2534856

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00** May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business
21 12601 World Plaza Lane

2a. Mailing Address
26 12601 World Plaza Lane

Suite, Apt. #, etc.
22 Suite 2

Suite, Apt. #, etc.
27 Suite 2

City & State
23 Fort Myers, Florida

City & State
28 Fort Myers, Florida

Zip Country
24 33907 25 USA

Zip Country
29 33907 30 USA

9. Name and Address of Current Registered Agent

COUCH, RICHARD
2180 W. 1ST ST.
FT. MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name **Christopher N. Davies**

82 Street Address (P.O. Box Number is Not Acceptable)
12601 World Plaza Lane, Suite 2

83

84 City **Fort Myers** **FL** 85 Zip Code **33907**

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]

CHRISTOPHER N. DAVIES

1-8-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **TD** **XX**DELETE
NAME **WAGNER, DOROTHY**
STREET ADDRESS **2180 W. 1ST ST.**
CITY-ST-ZIP **FT. MYERS FL**

TITLE **P** ☐ DELETE
NAME **MAYER, GREGORY A.**
STREET ADDRESS **2180 WEST FIRST ST**
CITY-ST-ZIP **FORT MYERS FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE **PTDS** **XX**Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **6572 Hartland Street**
2.4 CITY-ST-ZIP **Fort Myers, FL 33912**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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), 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, with all other like empowered.

SIGNATURE:

[Signature] **1/11/99**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)