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

PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H95210

(1)

CARDINAL ATLANTIC CORPORATION

Principal Place of Business	Mailing Address
P.O. BOX 2854 POMPANO BEACH FL 33072	P.O. BOX 2854 POMPANO BEACH FL 33072-2854

FILED May 16 1997 8:00am Secretary of State



				1.				PI BIBN BIBN 1		
Principal Place of Business Mailing Address P.O. BOX 2854 P.O. BOX 2854							IIDH VISH BIEN	F 0.1001 (0.01		
POMPANO BEA			ON BOX 2004 OMPANO BEACH FL 330	72-2854						
							3. Date Incorporated or Qualified 01/22/1986		ate of Last F 02/1996	Report
-	lace of Business	26	, Mailing Address				4. FEI Number		А	pplied For
21		26					<u>59-2745751</u>			of Applicab
Suite, Apt. :	#, 0 [C.		Suite, Apt. #, etc.	!			5. Certificate of Status Desired		•	Additional equired
City & State		27	City & State				6. Election Campaign Financing			
3	•	28	Dity & Diale				Trust Fund Contribution			May Be to Fees
Zip	Country	1=21	Zip	C	untry	7	8. This corporation has liability for			
4	25	29		30			Florida Statutes	☐ Yes [] No	
	9. Name and Address of Curre	ent Regis	stered Agent		I		10. Name and Address of New I	Registered	Agent	
	AAN, DAVID D.			į	81	Name				
	COMPASS ISLAND				82	Street Add	fress (P.O. Box Number is Not Accept	able)		
FT. (LAUDERDALE FL 33308			ļ						
				i	83					
					84	City		FL	85 Zrp	Code
SIGNATURE	Signature, typed or printed name of registered a	igent and title	if applicable (NO	1E : Registor	ed Ag		poration submits this statement for the stion's board of directors. I hereby acc affed when reinstating)	DATE		
12.	OFFICERS A	ND DIRE	CTORS DELETE	13	1)(LE		ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTO Change	RS IN 12
TITLE NAME	GILMAN, DAVID D.		FT DETELE		NAME	}			Unange	ר"ו אטטיי
STREET ADORESS	20 COMPASS ISLAND			1 :		F ADDRESS				
CITY-ST-ZIP	FT. LAUDERDALE FL 33308					ST - ZIP				
TITLE	D		DELETE	_	TITLE				Change	Addi
NAME	GILMAN, GAIL E.			2.2	NAME	l				
STREET ADDRESS	20 COMPASS ISLAND			2.3	STREE	1 ADDRESS				
CITY - ST-ZIP	FT. LAUDERDALE FL					\$1-2IP				
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CITY-ST-ZIP					_	S1- ZIP				
TITLE			☐ DELFTE	- 1 ·	TITLE				☐ Change	∐ Addi
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STREET ADDRESS					!	T ADDRESS				
CITY-ST-ZIP				6.4	DITY-:	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 on this tee 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 attempted with an address.

Gilliams

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