


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

FILED
Apr 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Meekham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J19064** (1)
1. Corporation Name
ATLANTIC MARKETING REALTY, INC.



Principal Place of Business 6400 N ANDREWS AVE PARK PLAZA STE 200 FT. LAUDERDALE FL 33309 US	Mailing Address 6400 N ANDREWS AVE PARK PLAZA STE 200 FT. LAUDERDALE FL 33309 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 11001 Executive Center Dr. 27 Suite, Apt. #, etc. 28 City & State 29 Little Rock, AR 72211 30 Zip Country 72211 USA		3. Date Incorporated or Qualified 06/12/1986	
		4. FEI Number 59-2684385		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**MULLER, RALPH P.
6400 N. ANDREWS AVE
STE. 200
FT. LAUDERDALE FL 33309**

10. Name and Address of New Registered Agent

81 Name C. T. Corporation
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL
85 Zip Code

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

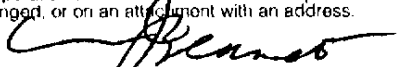
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHEEHAN, KEVIN M 6400 N. ANDREWS AVE., SUITE 200 FT. LAUDERDALE FL 33309 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	CEO / D John W. McConnell 11001 Executive Center Dr. Little Rock, AR 72211 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO MULLER, RALPH P. 6400 N. ANDREWS AVE, STE. 200 FT. LAUDERDALE FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Pres. Franz Hanning 11001 Executive Center Dr. Little Rock, AR 72211 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOFO CAIRO, HENRY M. 6400 N. ANDREWS AVE, STE. 200 FT. LAUDERDALE FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	VP VP / D Marcel J. Dummy 11001 Executive Center Dr. Little Rock, AR 72211 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	VP / D Robert W. Howeth 11001 Executive Center Dr. Little Rock, AR 72211 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	As William J. Bennett 11001 Executive Center Dr. Little Rock, AR 72211 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 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.

SIGNATURE:



501-228-2700

CR2E034 (10/97)