

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # J19064

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

11001 EXECUTIVE CENTER DR
PARK PLAZA STE 200
LITTLE ROCK AR 72211
US

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90018 006 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/12/1986

4. FEI Number

59-2684385

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

2a. Mailing Address

21 8669 Commodity Circle

26 8669 Commodity Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #200

27 #200

City & State

City & State

23 Orlando, Florida

28 Orlando, Florida

Zip Country

Zip Country

24 33309

29 33309

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

81 Name

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 | CEO | 1.1 TITLE | VPD |
| NAME | MCCONNELL, JOHN W | 1.2 NAME | McConnell, John W. |
| STREET ADDRESS | 11001 EXECUTIVE CENTER DR | 1.3 STREET ADDRESS | 8669 Commodity Circle |
| CITY-ST-ZIP | LITTLE ROCK AR 72211 | 1.4 CITY-ST-ZIP | Orlando, Florida 33309 |
| TITLE | P | 2.1 TITLE | CEO |
| NAME | HANNING, FRANZ | 2.2 NAME | Hanning, Franz |
| STREET ADDRESS | 11001 EXECUTIVE CENTER DR | 2.3 STREET ADDRESS | 8669 Commodity Circle |
| CITY-ST-ZIP | LITTLE ROCK AR 72211 | 2.4 CITY-ST-ZIP | Orlando, Florida 33309 |
| TITLE | VP | 3.1 TITLE | |
| NAME | CAIRO, HENRY M. | 3.2 NAME | |
| STREET ADDRESS | 6400 N. ANDREWS AVE, STE. 200 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | 3.4 CITY-ST-ZIP | |
| TITLE | VPSD | 4.1 TITLE | VPD |
| NAME | DUMENY, MARCEL J | 4.2 NAME | Dumeny, Marcel J |
| STREET ADDRESS | 11001 EXECUTIVE CENTER DR | 4.3 STREET ADDRESS | 8669 Commodity Circle |
| CITY-ST-ZIP | LITTLE ROCK AR 72211 | 4.4 CITY-ST-ZIP | Orlando, Florida 33309 |
| TITLE | VPD | 5.1 TITLE | |
| NAME | HOWETH, ROBERT W | 5.2 NAME | |
| STREET ADDRESS | 11001 EXECUTIVE CENTER DR | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | LITTLE ROCK AR 72211 | 5.4 CITY-ST-ZIP | |
| TITLE | AD | 6.1 TITLE | AS |
| NAME | BENNETT, WILLIAM J | 6.2 NAME | Bennett, William J. |
| STREET ADDRESS | 11001 EXECUTIVE CENTER DR | 6.3 STREET ADDRESS | 11001 Executive Center Dr. |
| CITY-ST-ZIP | LITTLE ROCK AR 72211 | 6.4 CITY-ST-ZIP | Little Rock, AR 72211 |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William J. Bennett

Date

Daytime Phone #

1/7/99

501-228-2700

CR2E034 (11/98)