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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J55

J55008

(3)

ATLANTIC SALES & DISTRIBUTION INC.

FILED Mar 20 1998 8:00am Secretary of State

A IDONIA AND BUDI AND ARM REAL PART AND ALON ALON CERT DIRECTOR AND ALONG A CONTRACTOR AND ALONG A CONTRACTOR

								— I KADAIKO OKOL OKIOL DHAK DAIK DRADI IDAK DIDI		
Principal Place of Business Mailing Address										//
% BETTY MOSHE 9071 NORTHWEST 12TH STREET PLANTATION FL \$3322				% BETTY MOSHE 9071 NORTHWEST 12TH STREET PLANTATION FL 33322				DO NOT WRITE IN THIS SPACE		
Í	•							3. Date Incorporated or Qualified		
2 Principal C	Nace of Busin	nee	1 24	. Mailing Address				01/26/1987 4. FEI Number	7-74	nation For
2. Principal Place of Business				26				59-2807253	<del>} 1</del> -7	pplied For lot Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.					60 7E	Additional
22				27				5. Certificate of Status Desired		Required
I CIVA SIBIA				City & State				6. Election Campaign Financing	\$5.00	) May Be
23				28				Trust Fund Contribution	] Added	to Fees
Zip   Country			ļ	Zip Country			1	8. This corporation owes or has paid the current year Intangible		
24	25			9 30				Personal Property Tax due June 30.  Yes No  10. Name and Address of New Registered Agent		
9. Name and Address of Current Registered Agent							Name	10. Name and Address of New Registr	ared Agent	
	SHE, BETT		-			81	Marile			
9071 NORTHWEST 12TH STREET PLANTATION FL						82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
PU	MUNIAIIUN	FL				83	<del> </del>		·	
						84	City		FL 65 Zip	Code
11, Pursuant	to the provis	ions of Sections 607.	0502 and (	607.1508, Florida Statul	tes, the	above	e-named corp	oration submits this statement for the purpo	ose of changing i	its registered
office or r agent. La	re <b>giste</b> red ag ım <b>tam</b> iliar wi	iont, or both, in the St th, and accept the ob	ate of Flor digations o	ida. Such change was of, Section 607,05 <b>05,</b> Fl	authoriza Iorida Sta	ed by atutes	/ the corporati s.	oration submits this statement for the purpoion's board of directors. I hereby accept the	appointment as	s registered
SIGNATURE			_							
Old Old Olic	Signature, typed	or printed name of registered			TE: Register	ed Age	ant signature require		ATE	
12.		OFFICERS	AND DIRE		13			ADDITIONS/CHANGES TO OFFICERS		
TITLE	D	LHIDDAV		☐ DELETE		TITLE			☐ Change	Addition
NAME	AASA MIN AAYN ATOEET			1.2 NAME						
STREET ADDRESS							ADDRESS			
CITY-ST-ZIP	PLANTA	HUN FL		DELETE	_	CITY - S	iT-ZiP		T Observe	4.200
TITLE				☐ DELETE		TITLE			☐ Change	☐ Addition
NAME						SMAY				
STREET ADDRESS							ADDRESS			
CITY-ST-ZIP				DELETE	_	CITY-S	37 - ZIP		Change	Addition
TITLE				□ vereie	1	TITLE	1		☐ Cusulto	☐ Addition
NAME						NAME				
STREET ADDRESS					1		ADDRESS			•
CITY-ST-ZIP TITLE				☐ DELETE	3.4. 4.1 1		ST- ZIP		Change	Addition
NAME				LJ DECETE		NAME			Cinglings	riddillon :
STREET ADDRESS							ADDRESS			
					•					
CITY-ST-ZIP TITLE			· · · · · · · · · · · · · · · · · · ·	DELETE		CITY-S TITLE	1-41	· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME						NAME				
STREET ADDRESS							ADDRESS			
CITY-ST-ZIP						HTY-S	- 1			
TITLE		<del></del>		DELETE	6.17		1-211		Change	Addition
NAME						NAME	Ì			<del></del>
CTDEET ADDRESS							4000000			

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:

Lucia Proside The

112 98 954-474.6858