FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J57675** **(7)**

1. Corporation Name

ATLANTIS INVESTMENT GROUP, INCORPORATED

Principal Place of Business	Mailing Address
2200 SO FRONT ST STE D MELBOURNE FL 32901 US	2200 SO FRONT ST STE D MELBOURNE FL 32901 US

3. Date Incorporated or Qualified: 02/18/1987
3a. Date of Last Report: 05/01/1995

4. FEI Number: 59-2773097 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 95 Bulldog Blvd	26 95 Bulldog Blvd
22 Suite, Apt. #, etc. 207	27 Suite, Apt. #, etc. 207
23 City & State MELBOURNE, FL	28 City & State MELBOURNE, FL
24 Zip 32901 25 Country Brevard	29 Zip 32901 30 Country Brevard

9. Name and Address of Current Registered Agent

DODSON, MAURY C.
2200 SO. FRONT ST.
SUITE D
MELBOURNE, 32901

10. Name and Address of New Registered Agent

81 Name: KAREN W. DODSON PsyD.
82 Street Address (P.O. Box Number is Not Acceptable): 95 BULLDOG BLVD # 207
83
84 City: MELBOURNE FL 85 Zip Code: 32901

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: Karen W Dodson PsyD KAREN W. DODSON PsyD DATE: X 4/4/96
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when filing online)

12. OFFICERS AND DIRECTORS		
TITLE	PD	☐ DELETE
NAME	DODSON, MAURY C.	
STREET ADDRESS	2200 SO FRONT ST STE D	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	TD	☐ DELETE
NAME	DODSON, KAREN W. DR.	
STREET ADDRESS	2200 SO FRONT ST STE D	
CITY-ST-ZIP	MELBOURNE 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	95 BULLDOG BLVD # 207	
1.4 CITY-ST-ZIP	MELBOURNE, FL 32901	
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	95 BULLDOG BLVD #207	
2.4 CITY-ST-ZIP	MELBOURNE, FL 32901	
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		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Karen W Dodson PsyD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4/4/96 (407) 722-3436
Date Area Code and Daytime Phone Number