

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

FILED  
Apr 22, 1999 8:00 am  
Secretary of State

04-22-1999 90044 015 \*\*\*150.00

DOCUMENT # J57675

1. Corporation Name

ATLANTIS INVESTMENT GROUP, INCORPORATED



Principal Place of Business

Mailing Address

~~95 BULLDOG BLVD~~

~~95 BULLDOG BLVD~~

~~207~~  
MELBOURNE FL 32901

~~207~~  
MELBOURNE FL 32901

~~US~~

~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/18/1987

4. FEI Number

59-2773097

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional

Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation owes the current year intangible

Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 2057 S. US-1

Suite, Apt. #, etc.

22

City & State  
23 Ft. Pierce, FL.

Zip

24 34950

Country

25 St. Lucie

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

DODSON, KAREN W PSYD

~~95 BULLDOG BLVD 207~~

~~SUITE D~~

MELBOURNE FL 32901

10. Name and Address of New Registered Agent

81 Name  
KAREN W. DODSON, Psy. D.

82 Street Address (P.O. Box Number is Not Acceptable)  
1525 N. AIA #402

83

84 City  
INDIALANTIC

FL

85 Zip Code  
32903

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

☐ DELETE

TITLE

PD

NAME

DODSON, MAURY C.

STREET ADDRESS

~~95 BULLDOG BLVD 207~~

CITY-ST-ZIP

~~MELBOURNE FL~~

TITLE

TD

NAME

DODSON, KAREN W. DR.

STREET ADDRESS

~~95 BULLDOG BLVD 207~~

CITY-ST-ZIP

~~MELBOURNE FL~~

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1525 N. AIA #402

INDIALANTIC, FL. 32903

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

1525 N. AIA #402

INDIALANTIC, FL. 32903

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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: *Maury C. Dodson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-99 (561) 468-6366

Date

Daytime Phone #

CR2E034 (11/98)

0106991