

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

FILED

**May 20 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # **J62412** (8)
1. Corporation Name
FLORIDA ATLANTIC STOCK TRANSFER, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**5701 N. PINE ISLAND ROAD
STE #3108
TAMARAC FL 33321
US**

Mailing Address
**5701 N. PINE ISLAND ROAD
SUITE 310A
TAMARAC FL 33321
US**

3. Date Incorporated or Qualified
03/18/1987

2. Principal Place of Business
21 **7130 NOB HILL ROAD**
Suite, Apt. #, etc.

4. FEI Number
59-2818374

Applied For
 Not Applicable

22 City & State
TAMARAC FL

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 Zip **33321** Country **BROWARD**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**FARRELL, JAMES E.
5701 N. PINE ISLAND ROAD
TAMARAC FL 33321**

10. Name and Address of New Registered Agent
81 Name **RENE GARCIA**
82 Street Address (P.O. Box Number is Not Acceptable)
7130 NOB HILL ROAD
83
84 City **TAMARAC** FL 85 Zip Code **33321**

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]* **RENE GARCIA PRESIDENT** **4/21/98**
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> DELETE
NAME	FARRELL, JAMES	
STREET ADDRESS	5701 N PINE ISLAND RD	
CITY-ST-ZIP	TAMARAC FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	GARCIA, RENE	
STREET ADDRESS	5701 N PINE ISL RD #322	
CITY-ST-ZIP	TAMARAC FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	7130 NOB HILL ROAD
1.4 CITY-ST-ZIP	TAMARAC, FL 33321
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	7130 NOB HILL ROAD
2.4 CITY-ST-ZIP	TAMARAC, FL 33321
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 *[Signature]* **4/21/98**

CP2E034 (10/97)