

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Shirley B. Montgomery

Secretary of State

PROFITABLE CORPORATIONS

1996-1997

DOCUMENT # J66243

(3)

1. Corporation Name

ATLANTIC EXECUTIVE COMMUNICATIONS, INC.



Principal Place of Business

16803 US 19 N
SUITE E
CLEARWATER FL 34624
US

Mailing Address

PO BOX 10451
LARGO FL 34643
US

2. Principal Place of Business

21 1299 Starkey Road

Suite, Apt. #, etc.

22 Suite 304

City & State

23 Largo FL

Zip

24 34641

25 US

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

BOONE, JESSE
11567 93RD ST N.
LARGO FL 34643

3. Date Incorporated or Qualified
04/09/1987

3a. Date of Last Report
02/10/1995

4. FEI Number
59-2798618

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

10. Name and Address of New Registered Agent

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 607.08(2), and 607.1506, Florida Statutes, the above named corporation certifies 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 Sections 607.08(2), Florida Statutes.

SIGNATURE

Name and Address of Signer

Name and Address of Agent

Date

12. OFFICERS AND DIRECTORS

12.1	NAME	STREET ADDRESS	CITY & STATE	ZIP	12.2	NAME	STREET ADDRESS	CITY & STATE	ZIP
12.1	VC				12.2				
NAME	BOONE, JESSE				NAME				
STREET ADDRESS	11567 93RD ST N.				STREET ADDRESS				
CITY & STATE	LARGO FL				CITY & STATE				
ZIP	PC				ZIP				
NAME	PETERSON, ELIZABETH				NAME				
STREET ADDRESS	11567 93RD ST N.				STREET ADDRESS				
CITY & STATE	LARGO FL				CITY & STATE				
ZIP					ZIP				
NAME					NAME				
STREET ADDRESS					STREET ADDRESS				
CITY & STATE					CITY & STATE				
ZIP					ZIP				
NAME					NAME				
STREET ADDRESS					STREET ADDRESS				
CITY & STATE					CITY & STATE				
ZIP					ZIP				

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	NAME	STREET ADDRESS	CITY & STATE	ZIP	13.2	NAME	STREET ADDRESS	CITY & STATE	ZIP
13.1					13.2				
NAME					NAME				
STREET ADDRESS					STREET ADDRESS				
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STREET ADDRESS					STREET ADDRESS				
CITY & STATE					CITY & STATE				
ZIP					ZIP				

14. I do hereby certify that the information supplied in this report was voluntarily furnished and does not qualify for the exemption stated in Section 199.03(4)(b), 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 this corporation or the person or persons authorized 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 a certificate with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/96

813-392-9981

CR2E034 (12/95)