

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

124-96 B-0184-C

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # K30817 (6)

1. Corporation Name

ATLANTIC SHORE REALTY, INC.



Principal Place of Business

% MARTHA ANN VAUGHN
410-C FLAGLER AVE
NEW SMYRNA BCH FL 32169-2641

Mailing Address

% MARTHA ANN VAUGHN
410-C FLAGLER AVE
NEW SMYRNA BCH FL 32169-2641

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

9. Name and Address of Current Registered Agent

VAUGHN, MARTHA ANN
410-C FLAGLER AVE
NEW SMYRNA BCH FL 32069

3. Date Incorporated or Qualified

08/05/1988

3a. Date of Last Report

08/08/1995

4. FEI Number

59-2909622

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 607.0500 and 607.0501, 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the person authorized to execute this statement

Signature of the Registered Agent or person authorized to execute this statement

DATE

12. OFFICERS AND DIRECTORS

1. NAME
2. STREET ADDRESS
3. CITY, ST, ZIP
4. TITLE
5. NAME
6. STREET ADDRESS
7. CITY, ST, ZIP
8. TITLE
9. NAME
10. STREET ADDRESS
11. CITY, ST, ZIP
12. TITLE
13. NAME
14. STREET ADDRESS
15. CITY, ST, ZIP
16. TITLE
17. NAME
18. STREET ADDRESS
19. CITY, ST, ZIP
20. TITLE

D
VAUGHN, MARTHA ANN
410-C FLAGLER AVE
NEW SMYRNA BCH FL

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14. I hereby certify that the information supplied within this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(d), 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. I am an officer or director of the corporation or the registered agent 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 in a supplemental report with an address.

SIGNATURE:

Martha Ann Vaughn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR
MARTHA ANN VAUGHN

1/19/96

904-428-8821

CR2E034 (12/95)