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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **K80161** (8)
1. Corporation Name
RESEARCH ATLANTICA, INC.

Principal Place of Business Mailing Address
C/O JANE S. DAY C/O JANE S. DAY
2101 NE WND AVENUE, SUITE 2 2101 NE WND AVENUE, SUITE 2
BOCA RATON FL 33431 BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/13/1989** 3a. Date of Last Report **04/07/1994**
4. FEI Number **65-0124456** 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. 193.032,
Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 C/O Jane S. Day 26 Research Atlantica
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 4231 NE 23 Terrace 27 3080 NW 99 Ave.
City & State City & State
23 Lighthouse Pt. FL 28 Coral Springs
Zip Country Zip Country
24 33064 25 USA 29 FL 33065 30 USA

9. Name and Address of Current Registered Agent
**DAY, JANE S.
2101 NE 2ND AVENUE
SUITE 2
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 Zip Code

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____
Signatures, typed or printed name of registered agent and fee, if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAY, JANE S	1.2 NAME	
STREET ADDRESS	4231 NE 23 TERR	1.3 STREET ADDRESS	
CITY - ST - ZIP	LIGHTHOUSE PT FL	1.4 CITY - ST - ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN DYKE, TERESA	2.2 NAME	
STREET ADDRESS	10237 SW 49 CT.	2.3 STREET ADDRESS	
CITY - ST - ZIP	HOLLYWOOD FL	2.4 CITY - ST - ZIP	
TITLE	VPT	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORMAN, SANDR	3.2 NAME	
STREET ADDRESS	778 44 TERR	3.3 STREET ADDRESS	
CITY - ST - ZIP	DEERFIELD BCH FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 110.07(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 manager 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: Jane S. Day 4/20/95 (305) 94371935
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR (Title) (Signature Number)