

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K87672** (7)

1. Corporation Name

ATLANTIC RAG COMPANY, INC.



Principal Place of Business

**1673 SW 1ST WAY
BAY 1
DEERFIELD BEACH FL 33064
US**

Mailing Address

**1673 SW 1ST WAY
BAY 1
DEERFIELD BEACH FL 33064
US**

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. State, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24.

25.

29.

30.

9. Name and Address of Current Registered Agent

**SELTZER, DAVID J.
10195 CANOE BROOK CIRCLE
BOCA RATON FL 33498**

3. Date Incorporated or Qualified
05/12/1989

3a. Date of Last Report
05/19/1995

4. FEI Number
65-0204729

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 607.0502 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 of Registered Agent or authorized officer of the corporation)

(Signature of Registered Agent or authorized officer of the corporation)

DATE

12. OFFICERS AND DIRECTORS

11.1 TITLE **CP** ☒ DELETE

NAME **SELTZER, JEFFREY M.**
STREET ADDRESS **10195 CANOE BROOK CIRCLE**
CITY, ST, ZIP **BOCA RATON FL**

Delete

11.2 TITLE **~~SELTZER, DAVID J.~~** ☐ DELETE

NAME **~~SELTZER, DAVID J.~~**
STREET ADDRESS **~~10195 CANOE BROOK CIRCLE~~**
CITY, ST, ZIP **~~BOCA RATON FL~~**

Delete

11.3 TITLE ☐ DELETE

NAME ☐ DELETE
STREET ADDRESS ☐ DELETE
CITY, ST, ZIP ☐ DELETE

11.4 TITLE ☐ DELETE

NAME ☐ DELETE
STREET ADDRESS ☐ DELETE
CITY, ST, ZIP ☐ DELETE

11.5 TITLE ☐ DELETE

NAME ☐ DELETE
STREET ADDRESS ☐ DELETE
CITY, ST, ZIP ☐ DELETE

11.6 TITLE ☐ DELETE

NAME ☐ DELETE
STREET ADDRESS ☐ DELETE
CITY, ST, ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE ☐ Change ☐ Addition

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY, ST, ZIP

13.5 TITLE

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY, ST, ZIP

13.9 TITLE

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY, ST, ZIP

13.13 TITLE

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY, ST, ZIP

13.17 TITLE

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY, ST, ZIP

13.21 TITLE

13.22 NAME

13.23 STREET ADDRESS

13.24 CITY, ST, ZIP

13.25 TITLE

13.26 NAME

13.27 STREET ADDRESS

13.28 CITY, ST, ZIP

13.29 TITLE

13.30 NAME

13.31 STREET ADDRESS

13.32 CITY, ST, ZIP

**P.D.V.T.S.
Seltzer, David J.
10195 Canoe Brook Circle
Boca Raton, FL 33498**

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 119.07(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 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: **David J. Seltzer** **DAVID SELTZER** **305-425-4525**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

CR2E034 (12/95)