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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

502 MAJORCA AVE

K97507 DOCUMENT #

(3)

ALTAMONTE SPRINGS FL 32714

ALTAMONTE SPRINGS FL 32714-2220

ATLANTIC EASTERN DEVELOPMENT, INC.

Principal Place of Business Mailing Address 502 MAJORCA AVE

3a. Date of Last Report 3. Date Incorporated or Qualified 03/21/1995 06/20/1989 Applied For 4 FELN imber 2a. Mailing Address 2. Principal Place of Business 59-3013784 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite. Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 6. Election Campaign Financing \$5.00 May Be City & State City & State Trust Fund Contribution Added to Fees 23 28 8. This corporation has liability for intangible tax under s. 199.032 Country Zφ Country Zφ Yes No Florida Statutes 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CLARK, LYNNE M Street Address (P.O. Box Number is Not Acceptable) 82 502 MAJORCA AVE. 83 **ALTAMONTE SPRINGS FL 32714** 85 Zip Code 84 City 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 cept the changing of Section 607,0505, Florida Statutes.

SIGNATURE	Jun Millar	Capitorial le (NOI)	s. Bogi dearm Agend sejn ar de redjuder	white the state DAN
12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	Р	DELETE	1 1 ToTLE	Cnange Addition
NAME	CLARK, LYNNE M		1.2 NAME	
STREET ADDRESS	502 MAJORCA AVE.		1.3 STREET ADDRESS	
CITY-ST-2IF	ALTAMONTE SPRGS. FL		14 CITY - ST - ZIP	
TITLE		DELF 1E	2 1 TITLE	Change Addition
NAME			2 2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
DITY-S1-ZIP			2.4 CiTY - ST - ZIP	
TITLE		☐ DELFTE	3 1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-S1-ZIP			3.4 CHY - ST - ZIP	
TITLE		DELETE	4 1 TITLE	Change Addition
NAME			4.2 NAME	
STREET ADDRESS			4 3 STREET ADDRESS	
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THTLE		☐ DELETE	5 1 TITLE	Crange Addition
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STREET ADDRESS			5.3 STHEET ADDRESS	
CITY - ST - ZIP			5.4 CITY ST-7IP	
TITLE		DELETE	6 1 MLF	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
0.79 07 70			6.4 CHY - S1 - 7/P	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality 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 comporation 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 12 for an attachment with an addition.

SIGNATURE:

43096

CR2E034 (12/95)